Manitoba Health, Healthy Living and Seniors

Annual Report
2013-2014

Manitoba

MINISTER
OF HEALTH

Room 302
Legislative Building
Winnipeg, Manitoba R3C 0V8
CANADA

MINISTER
OF HEALTHY LIVING AND SENIORS

Room 310
Legislative Building
Winnipeg, Manitoba R3C 0V8
CANADA

His Honour the Honourable Philip S. Lee, C.M., O.M.
Lieutenant Governor of Manitoba
Room 235, Legislative Building
Winnipeg, Manitoba
R3C 0V8

May It Please Your Honour:

We have the privilege of presenting the Annual Report of Manitoba Health, Healthy Living and Seniors as well as the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2013/14. The reports, which are published as one document, are required under *The Department of Health Act* and *The Health Services Insurance Act* respectively.

Respectfully submitted,

"Original signed by"

Erin Selby,
Minister of Health

"Original signed by"

Sharon Blady,
Minister of Healthy Living and Seniors

This Annual Report is available in alternate formats upon request.

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This Annual Report can also be found online at:

http://www.gov.mb.ca/health/ann/index.html.

Manitoba
Health, Healthy Living and Seniors
Deputy Minister of Health, Healthy Living and Seniors
Winnipeg MB R3C 0V8

Honourable Erin Selby
Minister of Health

Honourable Sharon Blady
Minister of Healthy Living and Seniors

Dear Ministers:

I am pleased to present the Annual Report of Manitoba Health, Healthy Living and Seniors (MHHLS) and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2013/14. Please allow me to highlight a small selection of accomplishments as follows:

- Launched a Mobile Clinic that provides primary care access for rural and remote communities in Prairie Mountain Health region
- Continued to increase access to health care teams and tools within the Family Doctor for Every Manitoban by 2015 initiative
- Launched the Healthy Workplaces Campaign: "Wellness Works. Great staff. Great workplaces. Great results"
- Continued to increase the number of physicians and nurses practicing in the province
- Launched the Nurse Practitioner Education Grant
- Continued to implement the Cancer Wait Time Strategy entitled "Transforming the Cancer Patient Journey in Manitoba" and established the Cancer HelpLine in Winnipeg
- Expanded Releasing Time to Care to an additional 19 sites across Manitoba. Releasing time to care is about improving standards of safety and quality of care by helping staff invest time in patient care in the most efficient way possible.
- Provided Lean Six Sigma Green and Black Belt quality improvement training to 48 health care staff, adding over $4.2 million in reinvestment and over 362,000 fewer patient wait days. Total reinvested savings for the Lean Six Sigma initiative now exceeds $11 million.
- Completed the go-live phase of the Drug Program Information Network Infrastructure Renewal Project, with approximately 350 pharmacy sites
- Launched "Advancing Continuing Care—A Blueprint to Support System Change," which outlines priority actions to further ensure that appropriate local support services match the needs of individuals and families along the continuum, including high quality, dignified end-of-life care
- Reached the milestone of 100 "Age Friendly" communities in Manitoba
- With the assistance of the Addictions Foundation of Manitoba, established a Knowledge Exchange Centre with emphasis on sharing information on evidence-based practices in addictions
- The Electronic Medical Record (EMR) Repository continues to add additional clinics, and currently well over 100 primary care clinics regularly submit EMR data
- Expanded the number of Students Working Against Tobacco (SWAT) teams to 50 in Manitoba schools
- Completed construction of a number of capital projects including the Urgent CancerCare Clinic; and the Winnipeg-based Mental Health Crisis Response Centre.

Amended, enacted or partially proclaimed health related statutes for the fiscal year 2013/14 such as: *The Personal Health Information Amendment Act; The Competitive Drug Pricing Act* *(various Acts amended); The Regulated Health Professions Act; The Pharmaceutical Act*, and *The Optometry Amendment Act*.

During 2013/14, the department continued to focus efforts towards the priorities of improving access and service delivery; reducing health disparities; and, enhancing innovation. We continue to emphasize healthy living for all Manitobans, with the goal of preventing disease and injury while promoting the wellness of all Manitobans that in time, will improve the health status of Manitobans.

It is my pleasure to thank Manitoba Health, Healthy Living and Seniors staff, and all who work in the provincial health system and other agencies, for their commitment and dedication in making these important achievements possible.

Respectfully submitted,

"Original signed by"

Karen Herd
Deputy Minister of Health, Healthy Living and Seniors

Manitoba

Santé, Vie saine et Aînés
Sous-ministre de la Santé, de la Vie saine et des Aînés
Winnipeg (Manitoba) R3C 0V8

Madame Erin Selby
Ministre de la Santé

Madame Sharon Blady
Ministre de la Vie saine et des Aînés

Mesdames les Ministres,

J'ai le privilège de vous soumettre le Rapport annuel de Santé, Vie Saine et Aînés Manitoba ainsi que le Rapport annuel du Régime d'assurance-maladie du Manitoba pour l'exercice 2013-2014. Je me permets de souligner quelques-unes de nos réussites :

- le lancement d'une clinique mobile qui permet l'accès aux soins de santé primaires dans les collectivités rurales et éloignées de la région sanitaire de Prairie Mountain;
- l'accroissement continu de l'accès aux outils et aux équipes de soins de santé dans le cadre de l'initiative permettant à tous les Manitobains et Manitobaines d'avoir un médecin de famille d'ici 2015;
- l'inauguration de la campagne pour des lieux de travail sains : « Pour le personnel, le milieu de travail, et les résultats. Le mieux-être, ça marche. »;
- l'augmentation continue du nombre de médecins et d'infirmières exerçant dans la province;
- le lancement de la subvention de formation pour les infirmières praticiennes;
- la mise en œuvre continue de la stratégie de réduction des délais d'attente pour le traitement du cancer, intitulée Amélioration du parcours médical des personnes atteintes de cancer au Manitoba (« Transforming the Cancer Patient Journey in Manitoba ») et l'établissement d'une ligne d'aide à Winnipeg pour les personnes atteintes du cancer;
- l'extension du programme « Releasing Time To Care » (plus de temps pour mieux soigner) à 19 endroits de plus au Manitoba. Le programme vise l'amélioration des normes de sécurité et de qualité des soins en aidant le personnel à utiliser le temps consacré au soin des patients de la manière la plus efficace possible;
- l'offre de formation Lean Six Sigma (Green Belt et Black Belt) visant l'amélioration de la qualité à 48 membres du personnel de soins de santé, ce qui a permis le réinvestissement de plus de 4,2 millions de dollars et l'élimination de plus de 362 000 jours d'attente pour les patients. Les économies réinvesties grâce à l'initiative Lean Six Sigma excèdent maintenant 11 millions de dollars;
- la conclusion de la phase de lancement du Projet de renouvellement de l'infrastructure du Réseau pharmaceutique informatisé, qui comprend environ 350 pharmacies;
- le lancement de « L'avancement des soins continus : un plan d'appui au changement du système », qui souligne les mesures prioritaires veillant à ce que des services de soutien locaux appropriés correspondent aux besoins des personnes et des familles tout au long du continuum, ce qui comprend des soins de fin de vie de haute qualité qui respectent la dignité;

- l'augmentation à 100 du nombre de « collectivités amies des aînés » au Manitoba, ce qui constitue une étape importante;
- l'établissement, avec l'aide de la Fondation manitobaine de lutte contre les dépendances, d'un centre d'échange des connaissances (Knowledge Exchange Centre), qui met l'accent sur la diffusion de renseignements concernant les pratiques fondées sur des données probantes en matière de dépendances;
- l'augmentation à plus d'une centaine du nombre de cliniques de soins primaires soumettant régulièrement des données au dépôt d'archives de dossiers médicaux électroniques;
- l'augmentation du nombre d'équipes « Students Working Against Tobacco (SWAT) » dans les écoles du Manitoba, jusqu'au total actuel de 50;
- l'achèvement de la construction d'un certain nombre de projets d'immobilisations, y compris la clinique de soins d'urgence contre le cancer et le Centre d'intervention d'urgence en santé mentale;
- modification, promulgation ou proclamation partielle de lois concernant la santé pendant l'exercice 2013-2014, notamment les suivantes : *Loi modifiant la Loi sur les renseignements médicaux personnels; Loi sur les médicaments à prix concurrentiel (modifications de diverses lois); Loi sur les professions de la santé réglementées; Loi sur les pharmacies;* et *Loi modifiant la Loi sur l'optométrie.*

Au cours de l'exercice 2013-2014, le ministère a continué de concentrer ses efforts sur les priorités suivantes : l'amélioration de l'accès aux services et de leur prestation, la réduction des disparités en matière de santé et l'encouragement de l'innovation. Nous continuons de mettre l'accent sur la vie saine et le mieux-être pour tous les Manitobains et Manitobaines afin de favoriser la prévention des maladies et des blessures, ce qui améliorera l'état de santé de toute la population avec le temps.

C'est avec plaisir que je remercie le personnel de Santé, Vie saine et Aînés Manitoba, ainsi que tous ceux qui travaillent dans le système de santé provincial et dans ses organismes connexes, de leur engagement et de leur dévouement à l'égard de ces importantes réalisations.

Le tout respectueusement soumis,

"Original signed by"

Karen Herd
La sous-ministre de la Santé, de la Vie saine et des Aînés,

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Preface/Introduction

Report Structure

This Annual Report is organized in accordance with the Manitoba Health, Healthy Living and Seniors appropriation structure as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2014. It provides information on Manitoba Health, Healthy Living and Seniors and the Manitoba Health Services Insurance Fund.

The report includes information at the Main and Sub-Appropriation levels related to the department's strategic direction, actual results, financial performance and variances. A five-year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan. Included with the financial statements is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*. A report on any disclosures of wrongdoing, as directed under *The Public Interest Disclosure (Whistleblower Protection) Act*, has been included in Appendix IV.

Role and Mission

Manitoba Health, Healthy Living and Seniors is a line department within the Government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health and to the Minister of Healthy Living and Seniors. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

The stated vision of Manitoba Health, Healthy Living and Seniors is "Healthy Manitobans through an appropriate balance of prevention and care." The department leads the way to quality health care built with creativity, compassion, confidence, trust and respect, and plays a leadership role in promoting prevention and positive health practices.

It is the mission of Manitoba Health, Healthy Living and Seniors "to meet the health needs of individuals, families and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time." This mission is accomplished by providing strategic direction and leadership to the provincial health system. This includes defining provincial goals, setting priorities, establishing standards and policies based on evidence and best practice, promoting quality and safety, encouraging innovation, allocating resources within the framework of provincial legislation, and assuring accountability while balancing health service needs with fiscal responsibility. The department also manages the insured benefits claims payments for residents of Manitoba related to the cost of medical, hospital, personal care, Pharmacare and other health services. Most direct services are delivered through health authorities and other health care organizations; however, the department manages the direct operations of, for example, the Selkirk Mental Health Centre, Cadham Provincial Laboratory and provincial nursing stations.

Report Context

Manitoba Health, Healthy Living and Seniors administers the most complex and publicly-visible social program provided by the Manitoba government. The program is delivered partially by the department and partially through grant agencies, arm's-length health authorities, independent physicians, or other service providers who are paid through fee-for-service or alternate means. It is a complex combination of insured benefits, funded services provided through public institutions ranging from community-based primary care through to tertiary teaching hospitals, and publicly-regulated but privately provided services such as proprietary personal care homes. As well, the department provides leadership and policy support designed to influence the conditions that promote healthy living and well-being across all sectors of the population.

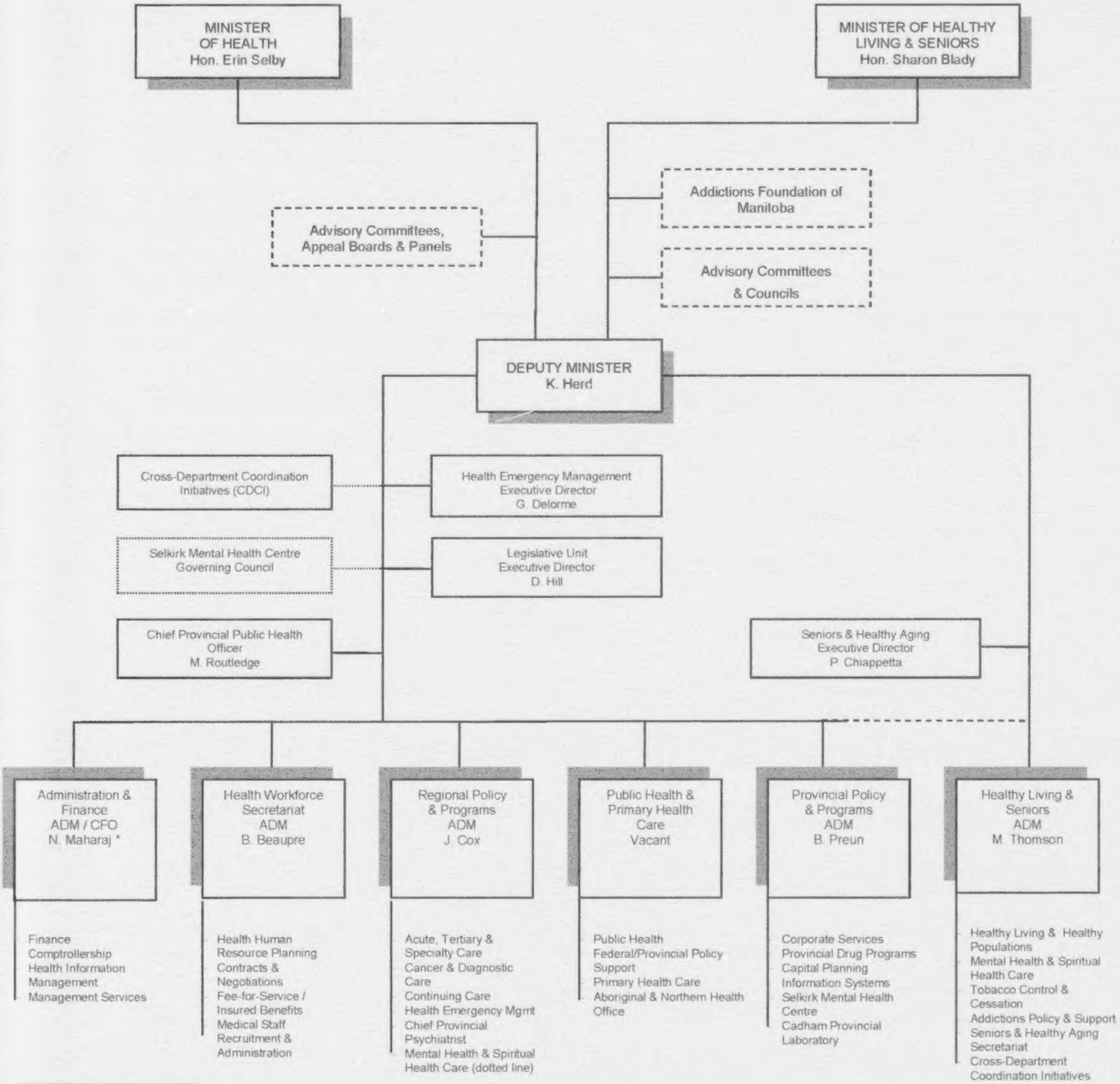
It is important to consider that many factors affect the health of Manitobans, such as family history, gender, culture, education, employment, income, the environment, coping skills and social support networks. "Health" is not merely the absence of disease. It embraces complete physical, mental and social well-being.

Organization

This annual report is organized in accordance with the Manitoba Health, Healthy Living and Seniors appropriation structure, which reflects the organization chart as of March 31, 2014.

MANITOBA HEALTH, HEALTHY LIVING AND SENIORS ORGANIZATION CHART

Effective March 31, 2014


MINISTER OF HEALTH
Hon. Erin Selby
MINISTER OF HEALTHY LIVING & SENIORS
Hon. Sharon Blady
Addictions Foundation of Manitoba
Advisory Committees, Appeal Boards & Panels
Advisory Committees & Councils
DEPUTY MINISTER
K. Herd
Cross-Department Coordination Initiatives (CDCI)
Health Emergency Management
Executive Director
G. Delorme
Selkirk Mental Health Centre Governing Council
Legislative Unit
Executive Director
D. Hill
Chief Provincial Public Health Officer
M. Routledge
Seniors & Healthy Aging
Executive Director
P. Chiappetta
Administration & Finance
ADM / CFO
N. Maharaj *
Health Workforce Secretariat
ADM
B. Beaupre
Regional Policy & Programs
ADM
J. Cox
Public Health & Primary Health Care
Vacant
Provincial Policy & Programs
ADM
B. Preun
Healthy Living & Seniors
ADM
M. Thomson
Finance
Comptrollership
Health Information Management
Management Services
Health Human Resource Planning
Contracts & Negotiations
Fee-for-Service / Insured Benefits
Medical Staff Recruitment & Administration
Acute, Tertiary & Specialty Care
Cancer & Diagnostic Care
Continuing Care
Health Emergency Mgmt
Chief Provincial Psychiatrist
Mental Health & Spiritual Health Care (dotted line)
Public Health
Federal/Provincial Policy Support
Primary Health Care
Aboriginal & Northern Health Office
Corporate Services
Provincial Drug Programs
Capital Planning
Information Systems
Selkirk Mental Health Centre
Cadham Provincial Laboratory
Healthy Living & Healthy Populations
Mental Health & Spiritual Health Care
Tobacco Control & Cessation
Addictions Policy & Support
Seniors & Healthy Aging Secretariat
Cross-Department Coordination Initiatives

* Incumbent Names have been updated

Innovation as a foundation of our work

Administration and Finance

Ministers' Salaries

The objectives were:
In accordance with the goals and strategic priorities established by the Premier and Cabinet:

- To provide leadership and policy direction for the renewal of the health system and the delivery of a comprehensive range of health and health care services for Manitobans.
- To provide leadership and policy direction in the development of a comprehensive approach to enhance and improve the health and wellness of Manitobans.

1(a) Minister's Salary

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	74	2.00	74	-	
Other Expenditures					
Total Sub-Appropriation	**74**	**2.00**	**74**	-	

Executive Support

The objectives were:

- To provide executive support to the Minister of Health and to the Minister of Healthy Living and Seniors in achieving objectives through strategic leadership, management, policy development, program determination, and administration of the department and broadly-defined health services delivery system.

1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,506	19.00	1,289	217	1
Other Expenditures	167		221	(54)	
Total Sub-Appropriation	**1,673**	**19.00**	**1,510**	**163**	

Explanation Number:

1. Miscellaneous salary over-expenditures.

Finance

Finance is comprised of the following:

- **Comptrollership**
- **Regional Finance and Capital Finance**
- **Health Information Management**
- **Management Services**

Comptrollership

The objectives were:

- To provide a complete identification and fair allocation of both tangible and fiscal resources, and through monitoring and reporting, the effective and efficient use of those resources in accordance with government priorities.
- To ensure that financial reporting from departmental programs, health authorities and external agencies is efficient, accurate and consistent.
- To ensure an equitable personal care home rate structure and a level of revenue that partially offsets the total cost of long-term care for RHAs, through the management of the assessment and appeal process.

The expected and actual results for 2013/14 included:

1. Effective and efficient use of tangible and fiscal resources for departmental programs, health authorities and external agencies consistent with the established priorities of the department and government.
   - Based on Departmental priorities, established guidelines and policies, Manitoba Health, Healthy Living and Seniors was able to effectively and efficiently utilize the tangible and fiscal resources of the department to provide relevant budgets to departmental programs, regional health authorities and external agencies.

2. Efficient and accurate preparation of annual planning and reporting documents, ex: Estimates, Quarterly Financial reports and other financial reports or documents.
   - Estimates, estimates supplement, quarterly financial reports, the Annual Report, and other financial reports or documents were prepared in accordance with legislative, Treasury Board, and senior management requirements within established deadlines.

3. Efficient, accurate information provided to government on the fiscal status of Manitoba Health, Healthy Living and Seniors.
   - Monthly and quarterly financial reports, the Annual Report, and other financial reports or documents on the fiscal status of Manitoba Health, Healthy Living and Seniors were prepared in a timely manner.

4. Equitable rate structure for the Residential Charges Program.
   - Through management of rate assessment and the review of residential charges policies to provide for a more efficient appeal process for all long term care clients, Manitoba Health, Healthy Living and Seniors was able to provide an equitable rate structure for the residential charges program.

Regional Finance and Capital Finance

The objectives were:

- To provide support, consultation and analysis to departmental programs, health authorities and agencies to facilitate a common understanding of financial information, legislative and reporting requirements and methodologies.
- To develop and monitor processes that enable Manitoba Health, Healthy Living and Seniors to set expectations and assess financial results of health authorities and other health organizations.
- To provide distribution of funds to health authorities and other health organizations in accordance with departmental priorities and legislation.
- To monitor health authorities' financial and operational results including in-year variance reports and future year Estimates projections.

- To manage capital funding for approved capital needs in a timely and cost effective manner and in accordance with policy.

The expected and actual results for 2013/14 included:

1. Consistent and reliable financial reporting to Manitoba Health, Healthy Living and Seniors from health authorities and other agencies.
   - Received financial monitoring reports, completed financial templates and other reports regarding identification of required deliverables on monthly, quarterly and annual timelines as established by Manitoba Health, Healthy Living and Seniors.
   - Analyzed financial reporting received from health authorities and other agencies for accuracy, consistency and completeness. The information was verified through consultation with various internal and external stakeholders.
   - Reviewed processes continually for efficiencies and improvement opportunities.

2. Efficient, accurate and consistent financial reporting of the Manitoba Health Services Insurance Fund.
   - Provided accurate and consistent financial reporting of the Manitoba Health Services Insurance Fund through financial reporting documents in an efficient manner to meet reporting deadlines.
   - Aligned internal processes and timelines with critical reporting deadlines to ensure timely submission of information.

3. Allocation of resources to health authorities and other agencies consistent with established priorities of the department.
   - Reviewed financial requirements of health authorities and other agencies against established priorities of the department in order to allocate resources.

4. Financial expertise and support provided to various departmental projects and initiatives, to health authorities and to other agencies.
   - Provided financial expertise and analysis to various internal and external stakeholders.
   - Responded to ad hoc requests on a timely basis from various stakeholders.
   - Provided financial support and consultation to various committees and working groups.

5. Accurate and timely funding of capital expenditures to health authorities in accordance with policy.
   - Provided approved funding to health authorities in a timely and accurate manner.
   - Initiated debt repayment on outstanding approved borrowings upon project completion.
   - Managed outstanding debt to minimize cost within a conservative risk portfolio.

6. Knowledgeable and timely direction and support provided to health authorities for their capital funding requirements.
   - Responded to queries from health authorities and provided advice/direction regarding use of capital funds to address issues in a timely manner.

Health Information Management

The objectives were:

- To ensure the timely collection of financial, statistical and clinical information from the RHAs in accordance with provincial and national reporting requirements.
- To provide data management, reporting, analysis and interpretation of health information to inform and support the strategic functions of Manitoba Health, Healthy Living and Seniors and of the RHAs, including public accountability.
- To coordinate and support health research-related activities, and ensure the appropriate use of health information in accordance with privacy legislation.

The expected and actual results for 2013/14 included:

1. Manitoba Health, Healthy Living and Seniors programs, RHAs, researchers, public organizations and the general public have access to health care information for accountability, operational, planning, evaluation and research needs.
   - Continued development and maintenance of databases to support internal and third-party information requirements, including provision of data to organizations, such as: the Manitoba

Centre for Health Policy, CancerCare Manitoba, the Canadian Institute for Health Information and Statistics Canada.

- Facilitated access to data and statistics by providing leadership, information/consultation, support and training within the department and the RHAs on a wide variety of health information matters.
- Participated in provincial and national committees and working groups, including providing leadership to several data quality and health indicator committees.
- Produced many health system reports, including the Annual Statistics Report, the Population Report, standard reports for the RHAs, as well as weekly and monthly statistical reporting on the the department website.
- Responded to *ad hoc* data requests from stakeholders and organizations and produced special analyses and briefings for health data and research publications.
- Provided data and statistical support to various committees.

2. Data infrastructure, policies and agreements are in place to support the appropriate collection, management, use and disclosure of health information, in accordance with *The Personal Health Information Act (PHIA)*.
   - Developed policies, processes and procedures for the use of data for health research.
   - Implemented data sharing agreements and researcher agreements with key organizations involved in health research.
   - Continued development of the data sharing agreement with the Canadian Institute for Health Information.

3. A preliminary health system management tool that allows the collection and sharing of key high priority system indicators across RHAs and Manitoba Health, Healthy Living and Seniors is in the prototype stage.
   - The Regional Health Authority Performance Indicator Portal (RHA PIP) project development has been completed and internal testing is underway before being piloted to a regional health authority for final User Acceptance Testing.

4. A secure technical solution is in place to position Physician Integrated Network clinic sites for Electronic Medical Records submission for Quality Based Incentive Funding payments.
   - The electronic medical record extracts from the Physician Integrated Network clinics have been merged with the larger Electronic Medical Record Repository in order to streamline and create processing efficiencies.
   - The Electronic Medical Record (EMR) Repository continues to add additional clinics, and currently well over 100 primary care clinics regularly submit EMR data.

5. A process is in place to manage ongoing extracts of Electronic Medical Record patient activity from physician clinics participating in the Canada Health Infoway/Manitoba Health, Healthy Living and Seniors Electronic Medical Record Adoption Project and to return value-added reports to support data quality and improved patient outcomes.
   - Data quality reports were developed and are provided to all clinics submitting electronic medical record extracts each month.
   - The first Comparative Analytic Reports were distributed to clinics who had reached a sufficient level of monthly submissions. These reports focused on management of diabetes and hypertension. Additional reports were developed specifically for the Physician Integrated Network clinics narrowing the focus to only core patients receiving care within the sites. Additional reports are planned to be distributed every six months.

6. An integrated, coordinated approach by Manitoba Health, Healthy Living and Seniors to health research activities.
   - Provided expert data and administrative support to the Health Information Privacy Committee established under PHIA.
   - Provided ongoing coordination and support to the contractual relationship between Manitoba Health, Healthy Living and Seniors and the Manitoba Centre for Health Policy, including development of the annual research agenda.
   - Undertook partnership activities related to health services policy research in accordance with the Manitoba Health Research Council.

Management Services

The objectives were:

- To lead, facilitate and coordinate key management functions within the department, such as: strategic planning and alignment; regional health planning; governance; accountability; risk management; project management support; and organization performance management.
- To provide leadership and coordination for several department processes, such as: preparation and distribution of Manitoba Health, Healthy Living, and Senior's Annual Report and Supplementary Information for Legislative Review, responses to ministerial correspondence, briefing material for legislative sessions, and administrative supports for the governance of health-related agencies, boards, and committees.

The expected and actual results included:

1. Improved engagement and capacity for department planning and alignment activities, including risk management and performance management.
    - Provided strategic coordination and led processes to better align work across the department to advance the department's priorities and goals.
    - Provided training, resources and tools to department staff to strengthen capacity in planning, alignment, and performance management.
    - Strengthened risk management practices in the department and better integrated practices with planning processes.
    - Provided project management consultation for department initiatives, as requested.
    - Continued to co-lead the Government of Manitoba's Performance Management Community of Practice to develop performance management capacity across departments.
    - Promoted department-wide staff development and role clarity through a range of activities, including the coordination or delivery of staff information sessions on a range of government/corporate processes and knowledge areas.

2. Strengthened health system planning, governance and accountability.
    - Coordinated improvements to the health authority planning, governance and accountability processes for the purpose of ensuring greater alignment with provincial priorities, goals, and health objectives.
    - Drafted a health system performance management framework and initiated consultations with department staff and regional health authorities.

3. Documentation and processes coordinated by the branch meets relevant standards, guidelines, including timelines.
    - Coordinated internal department processes for the production and distribution of the department's Annual Report, Supplementary Information for Legislative Review, Ministerial Housebooks, and Ministers' briefing materials for the legislative session.
    - Coordinated the department's responses to more than 750 ministerial letters.
    - Coordinated administrative processes for appointments to 38 health-related agencies, boards and committees.

1(c) Finance

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	6,568	93.73	6,419	149	
Other Expenditures	1,191		1,504	(313)	1
Total Sub-Appropriation	**7,759**	**93.73**	**7,923**	**(164)**	

Explanation Number:

1. Miscellaneous operating under-expenditures.

Central Services (Legislative Unit)

The objectives were:

- To provide leadership, advice and support on the development of legislation to Manitoba Health, Healthy Living and Seniors.

The expected and actual results for 2013/14 included:

1. Development and coordination of Statutes and Regulations that provide a sound legislative base for meeting the mission of the department.

Legislative Proposals:

- There were five health-related statutes amended, enacted or partially proclaimed for the fiscal year 2013/2014 (details outlined in Appendix II):
  - *The Personal Health Information Amendment Act* – came into force on December 5, 2013
  - *The Competitive Drug Pricing Act (Various Acts Amended)* – came into force on December 5, 2013
  - *The Regulated Health Professions Act* – portions of the Act were previously proclaimed into force in 2011. The remainder of *The Regulated Health Professions Act* came into force January 1, 2014 with the exception of provisions that relate specifically to the medical profession, dentists, denturists and other professions which will be brought under this Act at a later date. The College of Audiologists and Speech-Language Pathologists of Manitoba was the first College to be established under the Act.
  - *The Pharmaceutical Act* – came into force on January 1, 2014
  - *The Optometry Amendment Act* – came into force on July 15, 2013.

Regulatory Amendments:

- Assisted in the development of required regulation amendments to 24 regulations under various health related legislation (see Appendix II for details).
- The *Freedom of Information and Protection of Privacy Act* (FIPPA):
  - There were 152 responses to FIPPA requests for information. These numbers are based on a calendar year.

2. Development and implementation of the department's annual legislative agenda in accordance with government processes and timelines.

- This was met as outlined above

3. Accurate and timely information provided to internal and external clients about legislation and the legislative process.

- Accurate and timely information was provided. Among other activities in the area, staff of the Unit provided 56 informational presentations on *The Personal Health Information Act* and FIPPA to organizations and department staff over the course of the year.

4. Implementation of Labour Mobility obligations for the regulated health professions.

- Worked with regulatory bodies with respect to meeting their labour mobility obligations.

1(d) Central Services

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	705	7.00	510	195	
Other Expenditures	212		300	(88)	
External Agencies	405		518	(113)	
Total Sub-Appropriation	**1,322**	**7.00**	**1,328**	**(6)**	

Provincial Policy and Programs

The Provincial Policy and Programs Division provides leadership and support to internal and external clients of Manitoba Health, Healthy Living and Seniors with a focus on policy, planning, accountability, and support to provincial programs.

Administration

The objectives were:

- To provide strategic leadership to advance and support the objectives and priorities of the department with a focus on:
    - Information System technology, including Manitoba eHealth
    - Provincial Drug Programs (PDP), including Drug Management Policy Unit
    - Capital Planning
    - Corporate Services, including Web Services, French Language Services, the Manitoba Health Appeal Board, the Mental Health Review Board, and the Protection for Persons in Care Office
    - Cadham Provincial Laboratory Services
    - Selkirk Mental Health Centre
    - Provincial Blood Programs Office
- To provide policy direction and operational systems to improve the effectiveness and efficiency of designated departmental program delivery and as it relates to the broader health system.

The expected and actual results for 2013/14 included:

1. Strategic directions consistent with Manitoba Health, Healthy Living and Seniors priorities, with respect to information and communication technology systems, provincially-funded drug benefits, the provincial health capital program, the protection of persons in care and the provincial transfusion medicine service.
    - Received authority to establish an annual Information and Communications Technology (ICT) Infrastructure Renewal Program to be managed by Manitoba eHealth. This program focuses on developing a consistent and coherent approach to replacing and upgrading old, obsolete and failing technical infrastructure in Manitoba's health information systems operating environment.
    - Initiated a study of information and communication technology in the health sector.
    - The "Home Cancer Drug (HCD) Program"—a program for Manitobans diagnosed with cancer—that allows access to eligible outpatient oral cancer and specific supportive drugs at no cost to the patient, continued in 2013/14. There were 7,604 individuals registered in the HCD Program in 2013/2014, and it is estimated that there were savings to these individuals of $5.9 million in deductibles.
    - Refined monitoring and reporting processes for health capital projects.
    - Corporate Services promoted compliance with *The Protection for Persons in Care Act*, reviewing reports of alleged abuse under the Act through the Protection for Persons in Care Office (PPCO), provided administrative support for health care services appeals and mental health reviews, coordinated French Language Services for internal and external clients, and managed communication through the department's internal and external websites.

2. Equitable and appropriate utilization of provincially funded drug benefits recognizing pharmaceuticals as a vital component of health care in Manitoba.
    - PDP administered the Manitoba Drug Benefits and Interchangeability Formulary. Updates on the amendments to the Formulary were provided in five bulletins that were communicated to the pharmacists and physicians of Manitoba.
    - The listing of new generic drugs on the Formulary enabled Manitobans to access additional lower-cost generic medications. The ongoing utilization of generic drug submission requirements ensures generic drug pricing in Manitoba that is equitable to that in other Canadian jurisdictions.
    - Processed 253,063 Pharmacare applications; 71,291 families received Pharmacare benefits to Provincial Drug Programs.

3. A capital plan that supports Manitoba Health, Healthy Living and Seniors population health objectives.
    - The 2013/2014 Strategic Health Capital Plan proposed investments in new emergency departments, personal care homes, cancer treatment facilities, primary care clinics and renal health facilities; as well as medical equipment and information technology systems in hospitals.

4. Improved laboratory screening program, quality public health laboratory results to practitioners and productive collaborations with stakeholders.
    - Increased and improved screening and detection of respiratory viral diseases, sexually transmitted and blood-borne infections and vaccine preventable diseases
    - Streamlined laboratory processes to deliver more timely public health lab services
    - Continued collaboration that informs international-level policies and control programs

5. Service delivery at Selkirk Mental Health Centre that reflects the Centre's core values of hope, respect and excellence.
    - Selkirk Mental Health Centre continued working towards implementing best practice programs and services to further the integration of Selkirk Mental Health Centre in the mental health care system
    - The Stakeholder Advisory Committee was expanded to include representation from all regional health authorities.

2(a) Administration

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	265	3.00	237	28	
Other Expenditures	91		53	38	
Total Sub-Appropriation	**356**	**3.00**	**290**	**66**	

Information Systems

Information Systems Branch (ISB) is responsible for providing strategic, tactical and operational information systems and information technology leadership and solutions to support the objectives and priorities of Manitoba Health, Healthy Living and Seniors. The Manitoba eHealth Provincial Program ("Manitoba eHealth") has the responsibility and mandate to provide these same services to the regional health authorities, health care facilities, health care associations and other providers of health care services within Manitoba's health care system. Information Systems continues to provide consultative services and project co-ordination on information systems initiatives involving the department and other government agencies, while Manitoba eHealth coordinates and aligns federal, provincial, health sector, and inter-sector projects.

The objectives were:

- To provide and facilitate strategic information and communication technology (ICT) solutions to support the objectives and priorities of the department and the broader health care province-wide information and communication technology system.
- To coordinate and align department ICT projects with the priorities of the department.
- To provide and maintain key departmental information systems.
- To facilitate ICT awareness and education for departmental staff in order to create more knowledgeable ICT consumers.
- To provide leadership, policy direction and advice to Manitoba eHealth and the publicly funded health care sector on health care's ICT strategy and initiatives.

The expected and actual results for 2013/14 included:

1. ICT initiatives are appropriately scoped, resourced and supported to achieve the identified project objectives and the overall strategic objectives of Manitoba Health, Healthy Living and Seniors.
    - Worked with department branches and programs to identify scope and secure approval for department ICT initiatives.
    - Provided consultation and project management services to department initiatives to ensure appropriate resourcing and solution delivery.
    - Worked with Manitoba eHealth and Manitoba Jobs and the Economy – Business Transformation and Technology (BTT) to secure project implementation and delivery services as required for department initiatives.
    - Together with BTT, completed the procurement requirements for providing Manitoba's Tobacco

Litigation Project Office with the necessary information technology tools and support to assist in achieving its mandate.

2. Electronic data interchange between the department, Manitoba eHealth, regional health authorities, health care providers and other government departments and jurisdictions will be effective, secure and appropriate.
   - Initiated project planning to upgrade the Secure File Transfer (SFT) infrastructure currently used to perform transfer of sensitive data between the department and business partners. This upgrade scheduled for 2014/15 will introduce improved hardware capabilities (virtualization) and end-user enhancements (self registration).
   - Began informal discussions with eHealth operational staff to investigate common opportunities in the area of SFT.

3. Upgrades and functional changes to existing systems are completed in a timely fashion, in priority sequence, and in accordance with business rules and requirements.
   - Completed the go-live phase of the Drug Program Information Network Infrastructure Renewal Project to approximately 350 pharmacy sites. This provides a more stable, faster connection for the pharmacies that is more cost effective than the former network infrastructure.
   - Replaced the Practitioner's Security Tokens that were to expire by March 31, 2014. These tokens provide part of the key to establish a secure, authenticated connection to the Government for submission of medical claims.
   - Enhanced the Unattached Patient Registry (UPR) system to support the Family Doctor Connection Program.
   - Implemented the Medical, Chiropractic, Dental and Optometric Fee increases for the 2014/15 benefit year (four contracts).
   - Expanded the availability of practitioner billing numbers and user site identification numbers.
   - Continued work on the conversion and interface programs which will be used to transfer data to the new Medical Claims Processing System (CPS) and commenced testing.
   - Completed the implementation of the interfaces from departmental applications to the new departmental General Ledger Standard Application Procedure (SAP) system.
   - Completed the implementation of the new Ancillary Programs web application to replace the Prosthetic and Orthotic legacy application.
   - Completed the implementation of the new Third Party web application to replace the existing Third Party legacy system.
   - Implemented several upload applications for transferring data to the Canadian Institute for Health Information (CIHI).
   - Rewrote the Public Health Hepatitis (HEP) application and database to process the redesigned Hepatitis A and B investigation form.
   - Implemented the Severe Respiratory Illness (SRI) application and database.

4. Necessary data and information are accessible for department staff to achieve corporate goals and objectives.
   - Continued to facilitate the provision of data to both internal and external organizations for the purposes of decision support and the effective management of health information.
   - Continued to coordinate and facilitate the management and expansion of network connectivity within Manitoba's health sector, utilizing and effecting improvements in Manitoba's Provincial Data Network.

5. Manitoba eHealth ICT solutions and operations support the strategic objectives of Manitoba Health, Healthy Living and Seniors, the regional health authorities and the publicly funded health sector.
   - Worked with Manitoba eHealth to appropriately define strategic health ICT objectives and initiatives.
   - Requested and received authority to establish an annual ICT Infrastructure Renewal Program to be managed by Manitoba eHealth. This program focuses on developing a consistent and coherent approach to replacing and upgrading old, obsolete and failing technical infrastructure in Manitoba's health information systems operating environment. The approval of this program will allow for a consistent and streamlined approach to the renewal of ICT needed to support provincial health care applications and shared services.
   - Monitored the progress of major Manitoba eHealth initiatives.

2(b) Information Systems

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	4,463	60.20	4,429	34	
Other Expenditures	590		933	(343)	
Provincial Program Support Cost	5,573		5,181	392	
Total Sub-Appropriation	**10,626**	**60.20**	**10,543**	**83**	

Provincial Drug Programs

Provincial Drug Programs include Pharmacare, the Palliative Care Drug Access Program, the Home Cancer Drug Program and drug plan benefits for Employment and Income Assistance Program participants and residents of personal care homes.

The Professional Services Unit is responsible for:

- The professional leadership and support for the Manitoba Drug Standards and Therapeutics Committee, a committee of physicians and pharmacists that makes recommendations to the Minister of Health on drugs to be listed in the Manitoba Drug Benefits and Interchangeability (Manitoba Formulary).
- Participation in the Common Drug Review (CDR) that provides expert advice on drugs to participating provincial, territorial and federal drug plans based on rigorous, objective reviews of clinical and cost effectiveness.
- Professional direction for and operation of the Exception Drug Status (EDS) Office that provides approval on an individual basis for drugs that have designated criteria established.
- Administers the Manitoba Formulary.
- Analysis and monitoring of the Drug Programs Information Network data.

The Operations Unit is responsible for:

- Customer focused service to provide current information to the public either by phone, fax, internet, mail or in person.
- Providing helpdesk support and troubleshooting to Manitoba pharmacy providers with their claims adjudications and processing by phone.
- Processing Pharmacare applications and adjudicating claims under Pharmacare, Ancillary Services and the Prosthetic and Orthotics Program.
- Continuous evaluation of work processes to improve effectiveness and efficiency of the program.

The objectives were:

- To manage and administer sustainable drug programs which provide Manitobans with access to eligible drug benefits as prescribed by *The Prescription Drugs Cost Assistance Act*, *The Pharmaceutical Act* and *The Health Services Insurance Act*.

The expected and actual results for 2013/14 included:

1. Access for Manitobans to cost effective medications.
    - Manitoba Health, Healthy Living and Seniors continues to support the Common Drug Review and the Pan-Canadian Oncology Drug Review, national processes for evidence-based reviews and listing recommendations of new chemical entities and oncology drugs.
    - Provincial Drug Programs administered the Manitoba Formulary. Updates on the amendments to the Manitoba Formulary were provided in five bulletins which were communicated to the pharmacists and physicians of Manitoba.
    - The listing of new generic drugs on the Manitoba Formulary enabled Manitobans to access additional lower cost generic medications. The ongoing utilization of generic drug submission requirements ensures generic drug pricing in Manitoba that is equitable with that in other Canadian jurisdictions.
    - Provincial Drug Programs representatives participated on three advisory committees to the Canadian Agency for Drugs and Technologies in Health. Provincial Drug Programs

representatives participated on two advisory committees to the Pan-Canadian Oncology Drug Review. Committee members also facilitated effective jurisdictional sharing of pharmaceutical information.

2. Financial assistance to Manitobans for eligible drug benefits.
    - Provided benefit coverage for Manitobans enrolled in the income-based Pharmacare, the Employment and Income Assistance Program, the Personal Care Home Drug Program, the Home Cancer Drug Program and the Palliative Care Drug Program.
    - Processed 253,063 Pharmacare applications; 71,291 families received Pharmacare benefits.
    - Processed 77,005 requests through the Exception Drug Status Program.
    - Enrolled 1,028 families in the Deductible Instalment Payment Program for Pharmacare.
    - Provided benefits for 51,007 individuals through Ancillary Services and the Prosthetic and Orthotic Program.
    - Maintained the Home Cancer Drug (HCD) Program in collaboration with CancerCare Manitoba which ensures those Manitobans being treated for cancer have their cancer therapy being provided at no cost regardless of whether they are being treated at home or at CancerCare Manitoba facilities. The Home Cancer Drug Program includes approved oral cancer treatment medications and appropriate cancer support drugs, which include anti-nausea medications to counter the difficult side-effects of chemotherapy treatments, and is directly related to approved cancer drug protocols.
    - 7,604 patients have benefited from the HCD program.
    - The Provincial Drug Programs Review Committee met on a monthly basis to review requests for benefit coverage for drugs not eligible for Exception Drug Status.
    - The Manitoba Drug Standards and Therapeutics Committee reviewed drug submissions, to provide recommendations on drug interchangeability and to discuss the therapeutic and economic value of various drug benefits.

3. Implementation of strategies to ensure sustainability of provincial drug programs.
    - Implemented approvals for benefit coverage through the Exception Drug Status Office for new drugs added to the Manitoba Formulary with criteria for use established through the utilization management agreements (UMA) with manufacturers.
    - Continued reduction of processing times for Pharmacare applications with the weekly validation of income data with Canada Revenue Agency.
    - Continued collaboration with Manitoba Hydro to provide eligible Pharmacare beneficiaries the option to pay their annual Pharmacare deductible in monthly instalments through the Deductible Instalment Payment Program.

2(c) Provincial Drug Programs

Expenditures by Sub-Appropriation	**Actual 2013/14 $(000's)**	**FTE**	**Estimate 2013/14 $(000's)**	**Variance Over(Under) $(000's)**	**Expl. No.**
Salaries and Employee Benefits	2,304	43.00	2,529	(225)	
Other Expenditures	603		524	79	
Total Sub-Appropriation	**2,907**	**43.00**	**3,053**	**(146)**	

Corporate Services

Corporate Services Branch promotes compliance with *The Protection for Persons in Care Act*, and reviews reports of alleged abuse under the Act through the Protection for Persons in Care Office (PPCO), provides administrative support for health care services appeals and mental health reviews, coordinates French language services for internal and external clients, and manages communication through the Manitoba Health, Healthy Living and Seniors internal and external websites.

The objectives were:

- To manage inquiries, and investigations into alleged abuse of patients in designated health care facilities, reported to the Protection for Persons in Care Office (PPCO) in accordance with the legislative requirements of *The Protection for Persons in Care Act*.

- To provide a consultative, advisory and administrative link among regional health authorities, external agencies funded by Manitoba Health, Healthy Living and Seniors, and the public, in matters relating to French Language Services (FLS).
- To develop, deliver and maintain all information, online services and applications related to the department's public-facing websites.
- To manage departmental compliance with and accommodation activities in support of the Manitoba Policy on Access to Government.
- To support the Manitoba Health Appeal Board in providing an appeal process for the public on certain decisions made under *The Health Services Insurance Act*, *The Emergency Medical Response and Stretcher Transportation Act*, *The Mental Health Act*, the Hepatitis C Assistance Program and the Home Care Program.
- To support the provision of a review process through the Mental Health Review Board for the admission or treatment of a patient in a psychiatric facility as required by *The Mental Health Act*.

The expected and actual results for 2013/14 included:

1. Efficient inquiry and investigation by the PPCO of reports of alleged patient abuse.
    - Reports of alleged abuse or neglect were processed through a series of steps: intake, inquiry and investigation. All reports received was reviewed and proceeded to investigation if there were reasonable grounds to believe that abuse or neglect occurred.
    - Processes were reviewed and steps are being implemented to make the handling of reports more efficient and timely, as well as aligned with *The Protection for Persons in Care Act*.
    - Referrals were made to the Adult Abuse Registry Committee on cases of founded abuse and neglect as required by Legislation and Regulations

2. Improved awareness by health care facilities and the general public of the process for reporting patient abuse.
    - Continued efforts were made to provide education and consultation for facilities and the public by formally issuing of directions and informally through presentations on *Protection for Persons in Care Act* and *Adult Abuse Registry Act*.
    - Facilities were made aware of the opportunity to have their staff receive education on the PPCO and relevant legislation when provided with the results of investigations.
    - Information for the public was made available on the PPCO website and in informational brochures.

3. The Active Offer policy in use in all public facing areas of the department, with all relevant staff oriented to the policy.
    - All staff in public facing areas of the department were oriented to the Active Offer concept. Active Offer sessions were offered to new staff. Active Offer was consistently offered via posted signs and via phone system messaging.

4. Provision of FLS through the department, in an accessible and satisfactory manner to the French speaking public of Manitoba.
    - No complaints were received in the last fiscal year in relation to the manner in which French Language Services were provided in person, on the Web or via telephone service.

5. Manitoba Health, Healthy Living and Seniors public documents, in paper or electronic format, produced in French within five to ten business days.
    - 94 percent of the department's public documents were available in French within five to ten business days.

6. Regularly reviewed and updated existing websites and new web-based information developed to provide ongoing support to the department.
    - Provided ongoing website development, promotion and technical support upon request as required.

7. Compliance with Manitoba Policy on Access to Government.
    - Disability Access Working Group provided ongoing direction and support to the department's compliance with Manitoba Policy on Access to Government for Manitobans with disabilities.

8. The Mental Health Review Board and the Manitoba Health Appeal Board hold hearings and render decisions in a timely manner.
    - Mental Health Review Board (MHRB)
        - MHRB processed a total of 247 review hearing applications. Timely, fair and impartial hearings were provided for 61 review hearings by application and 16 automatic review hearings for a total of 77 review hearings. Hearings were held within 21 days as required by *The Mental Health Act*. Decisions were rendered independently by the MHRB and rationale was provided to all parties following each hearing.
    - Manitoba Health Appeal Board (MHAB)
        - The MHAB held fair and independent hearings and made impartial decisions in a timely manner.
        - The MHAB processed 112 Notices of Appeal and held 54 hearings.

2(d) Corporate Services

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,290	19.00	1,283	7	
Other Expenditures	632		742	(110)	
External Agencies	395		395	-	
Total Sub-Appropriation	**2,317**	**19.00**	**2,420**	**(103)**	

Capital Planning

Capital Planning provides planning and management expertise and capital financing for the construction and maintenance of hospitals, personal care homes and other health facilities.

The objectives were:

- To oversee development and implementation of the provincial health capital program, and advise government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

The expected and actual results for 2013/14 included:

1. A capital plan that supports the department's population health objectives.
    - Developed a multi-year strategic capital plan to address the operational service needs for the provincial health care system.

2. Health capital projects which are defined and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.
    - The multi-year strategic capital plan reflects the department's goals and priorities and regional service requirements aligned with evidence based information, CSA standards for health care facilities, and technical standards that inform current professional practice.
    - Work continued on updating the 2005 *Planning Guide for Personal Care Homes in Manitoba* as well as on a library of evidence based information and emerging program models.
    - The development of a physical condition (building assessment) evaluation tool was started. An assessment of the physical condition of the health infrastructure is being planned for the coming year.

3. Transparent and equitable application of policies related to business practices, construction, department funding and community cost sharing.
    - Utilized a competitive, fair and transparent process to secure consultant and construction services for all healthcare facility capital projects.

4. Efficient and accurate information on the capital program, forecasting in the areas of infrastructure maintenance requirements and emerging program models, and development of appropriate program and policy options.

- Completed the annual update on program information and cost data on all approved and constructed major capital projects as well as on annual maintenance and repair projects.

5. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
    - The Provincial Green Building Policy for Government of Manitoba Funded Projects was applied to all 2013/2014 major capital projects. The policy was applicable to site selection, design, new construction and for renovation projects. Power Smart™, LEED®, or Green Globes™ rating systems are employed to validate achieving the requirements of these programs.
    - Incorporating "ground source energy" systems to conserve energy and reduce operating costs was successful in new Emergency Medical Service facilities as well as in other capital projects.
    - Fundamental and enhanced building and systems commissioning continued as part of all capital projects. This process ensures achievement of the owner's long-term operating expense and sustainability goals.

Capital Projects completed during the 2013/2014 fiscal year:

Acute Care:

- Southern Health-Santé Sud – Ste. Anne Hospital – The expansion and renovation project increased the hospital's square footage by 60 per cent. New facilities include two rooms for surgeries, one room for scope procedures, a dedicated and adjoining post-anesthesia care unit, a suite of medical device reprocessing rooms for cleaning and sterilizing of all reusable hospital items, a family room, staff change rooms, and new electrical and mechanical space. Renovated another one-third of the hospital including the existing operating rooms, which provides 5,800 square feet of additional staff support areas.
- Winnipeg Regional Health Authority – Health Sciences Centre – Emergency Room Redevelopment – upgraded the emergency department
- Winnipeg Regional Health Authority – Health Sciences Centre – 2nd Energy Centre –provides capacity to service the emergency power and cooling needs of the new Women's Hospital, the new Mental Health Crisis Response Centre, the Kleysen Institute for Advanced Medicine (KIAM), CancerCare Manitoba (CCMB) redundancy requirements, and University of Manitoba (U of M).
- Winnipeg Regional Health Authority – Seven Oaks General Hospital – added an eight-station renal health dialysis unit that can accommodate 48 additional patients per year.

Capital Projects under construction or continued construction during the 2013/2014 fiscal year:

Acute Care:

- Northern RHA – Easterville (Chemawawin Cree Nation) – 4 unit housing complex for nurses and itinerant physicians is under construction.
- Southern Health-Santé Sud – Steinbach – Bethesda Hospital – This project involves the redevelopment and expansion of the emergency department. The redevelopment will see an expansion of 45,000 square feet and 24 additional patient treatment and examination spaces including an expanded emergency department with new private admitting and triage areas, a mental-health examination room and a new observation unit. The expansion project also includes the addition of a new dedicated special-care unit.
- Winnipeg Regional Health Authority – New Women's Hospital at Health Sciences Centre – will be a state-of-the-art facility that will support moms, babies and their families through childbirth as well as serve as a centre of excellence for women' health, offering surgical and consultation services for women of all ages.
- Winnipeg Regional Health Authority – Diagnostic Imaging Facility – Construction of a new diagnostic centre of excellence at the Health Sciences Centre. The new, seven storey, 91,000 square foot centre will be linked to the Children's Hospital, the Ann Thomas Building and the new Women's Hospital. This will provide additional diagnostic imaging capacity.
- Winnipeg Regional Health Authority – Misericordia Health Centre – will house the Eye Care Centre of Excellence, the Diagnostic Centre and the PRIME program (Program of Integrated Managed-care of the Elderly).
- Planning activities continued for the construction of a new Selkirk Regional Health Centre.

Primary Care:

- Winnipeg Regional Health Authority – ACCESS Winnipeg West – The new ACCESS Centre at the Grace Hospital is over 63,747 sq. ft. and will provide a wide range of services and professional staff including doctors, nurses, nurse practitioners, home care workers, mental health workers, dieticians, pharmacists, social workers and other staff support for seniors, supported living, employment and income assistance, housing and child care including daycare.

Safety and Security:

- In addition to the major projects completed and initiated, approximately 169 Safety and Security/maintenance projects were approved throughout the province.

2(e) Capital Planning

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	829	11.00	895	(66)	
Other Expenditures	186		207	(21)	
Total Sub-Appropriation	**1,015**	**11.00**	**1,102**	**(87)**	

Drug Management Policy Unit

The Drug Management Policy Unit was established to provide prospective, integrated and long-term strategic policy and planning capacity on emerging drug management and utilization issues.

The objectives were:

- To provide provincial drug management expertise and strategic policy and planning leadership to facilitate the provision of integrated, coordinated, cost efficient, effective, equitable, and sustainable publicly funded drug benefits across the continuum of care in Manitoba.

The expected and actual results for 2013/14 included:

1. Management of pharmaceutical expenditures to ensure sustainable and equitable publicly-funded drug benefits.
    - Following the Pan-Canadian Competitive Value Price Initiative for Generic Drugs establishing a price point for six of the most common generic drugs at 18 per cent of the equivalent brand name drug in 2012/13, four more common generic drugs had similar price points established in 2013-14.
    - Actual Pharmacare drug costs for 2012/13 were 1.2% lower than 2012/13 actuals and were 11.1% below the 2013/14 budgeted amount.
    - A Manitoba Health, Healthy Living and Seniors-CancerCare Manitoba (CCMB) Accountability Working Group, with representatives from CCMB, Regional Finance (Manitoba Health, Healthy Living and Seniors), Regional Policy and Programs, and Provincial Drug Programs was established and met on a regular basis to discuss Provincial Oncology Drug Programs (PODP) and the Home Care Drug Program (HCD) expenditures to improve forecasting and tracking.

2. Development and implementation of integrated, evidence-based drug use management policies and initiatives to facilitate appropriate utilization for prescription drug benefits and ensure sustainable and equitable publicly funded drug benefits.
    - The Drug Management Policy Unit (DMPU) has completed the execution of the Pharmacy Agreement to all current community pharmacies in Manitoba. Any new pharmacies opening must also sign a Pharmacy Agreement. The Pharmacy Agreement is intended to ensure appropriate accountability for public funds paid to pharmacy owners and sets out the terms and conditions under which pharmacy owners are granted access to the department's Drug Program Information Network.
    - The DMPU continued the "Home Cancer Drug Program" a program for Manitobans diagnosed with cancer that allows access to eligible outpatient oral cancer and specific supportive drugs at no cost to the patient. There were 7,604 individuals registered in the HCD Program in 2013/2014 and it is estimated that there were savings to these individuals of $ 5.9 M in deductibles.

- To facilitate the appropriate prescribing of narcotics, benzodiazepines, and other controlled drug products, in 2013-14 the DMPU coordinated an update of the Manitoba IMPRxOVE Program to include quality indicators for the prescribing of these medications, based on the recommendations of the Manitoba Monitored Drugs Review Committee.
- The DMPU continues to support the Manitoba Pediatric Insulin Pump (MPIP) Program for Manitoba youth under the age of 18 years with Type 1 Diabetes. Through a funding agreement, access to insulin pumps is provided by the Winnipeg Regional Health Authority, Child Health Program Diabetes Education Resource for Children and Adolescents. In its first year of operation (2012/2013), the MPIP Program provided 23 pumps; it provided 40 additional pumps in 2013/2014 and offered training sessions for all pump users.
- In 2013/14, an additional 246 utilization management agreements (UMAs) were completed with product suppliers.

3. Ongoing establishment of forums and opportunities for collaboration among providers, prescribers, patients and industry to advance positive health outcomes.
   - Manitoba became an active participant in the pan-Canadian pricing alliance and worked towards expanding the number of brand name drugs considered as well as working together with other jurisdictions to develop a Pan-Canadian approach to obtain better value for generic drugs. The pan-Canadian approach capitalizes on the combined purchasing power of public drug plans across multiple jurisdictions, and is expected to lead to lower drug costs, increased access to drug treatment options and increased consistency of product listing decisions across participating jurisdictions.
   - The department coordinated the meetings of the Manitoba Monitored Drugs Review Committee, an external, expert drug and therapeutics advisory committee established to help identify patterns or trends surrounding the prescribing, dispensing and use of monitored drugs. The Committee includes representatives from the College of Physicians and Surgeons of Manitoba, the College of Pharmacists of Manitoba, the College of Registered Nurses of Manitoba, the Manitoba College of Family Physicians and Doctors Manitoba.
   - DMPU staff drafted Provincial Drug Program (PDP)'s communication strategy and support documents, which were approved and allows PDP to manage ongoing communication initiatives regarding Pharmacare program parameters, specifically targeting information to the public, pharmacists, and prescribers.

2(f) Drug Management Policy Unit

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	558	9.00	825	(267)	
Other Expenditures	1,505		178	1,327	1
External Agencies	405		424	(19)	
Total Sub-Appropriation	**2,468**	**9.00**	**1,427**	**1,041**	

Explanation Number:

1. Primarily due to research expenditures offset by general revenues.

Cadham Provincial Laboratory Services

Cadham Provincial Laboratory (CPL) is Manitoba's public health laboratory and provides specialized laboratory services related to screening for communicable disease control programs, outbreak support for public health and infection control practitioners, newborn screening for metabolic, endocrine and genetic disorders, specialized testing in bacteriology, parasitology and virology, and consultation, education and research related to all of the above.

The objectives were:

- To provide public health laboratory services that contribute to strategic population health improvements.
- To distribute quality information to practitioners and stakeholders that improves disease detection and control.

- To work openly with stakeholders to develop productive collaborations in public health practice, education and research.
- To improve laboratory productivity and plan for future technological/scientific needs.

The expected and actual results for 2013/14 included:

1. Increased uptake for recommended screening programs.
    - Requests and testing increased for all blood-borne pathogens and syphilis in 2013, with HIV testing experiencing the greatest increase by 10.9%.
    - Newborn screening for metabolic disorders increased in keeping with slightly higher number of births.

2. Improve response to outbreak investigations, thereby increasing detection of preventable disease.
    - Expanded availability of respiratory virus multiplex assay to provide greater support to Winnipeg Children's Hospital Infection Control initiatives
    - Routine analysis of respiratory outbreak specimens resulted in an additional 30% increase in putative pathogen identification over 2012/13 performance
    - Rolled out routine Measles virus nucleic acid detection method to greatly improve speed and accuracy of measles detection during recent activity

3. Inclusion of population demographic monitoring in strategic planning.
    - Review of Cervix Check program statistics to project convenience GC/CT sampling and anticipated viral triage demand in future years.
    - Reviewed population statistics to inform policy options related to expanded HIV screening.
    - Initiated population statistics review that will guide decisions regarding Manitoba newborn hemoglobinopathy screening

4. Contribute to the development or refinement of public health protocols, plans and disease control strategies.
    - Contributed to improved Hepatitis C, syphilis, Amoebiasis, and other protocols
    - Participated in Sexually Transmitted and Blood Borne Infection Strategy, as well as Antibiotic Resistant Organism protocol redevelopment
    - Led the laboratory support and oversight components of HIV Point-of-Care expansion of services into Winnipeg Core Area initiatives and Thompson General Hospital Pilot Project.

5. Externally-funded research will be conducted with collaborators.
    - Sentinel Surveillance for Influenza in the community conducted.
    - Four external grant-funded research projects were conducted with an approximate annualized total value of $662.5 for 2013.
    - Productive collaborations with investigators from the following organizations:
        - University of Manitoba, Winnipeg Regional Health Authority, CancerCare Manitoba, Winnipeg Children's Hospital, Central Regional Health Authority, Brandon Regional Health Authority, Public Health Agency of Canada, National Microbiology Laboratory, Manitoba Justice, Canadian Public Health Laboratory Network, Canadian Integrated Program for Antimicrobial Resistance Surveillance, Circumpolar Health Group, Region 4 Collaborative Group, University of Victoria, University of British Columbia, Ontario Public Health Laboratory, Canadian Pediatric AIDS Research Group, University of Nairobi, University of Antioquia, University of Cauca

6. Improved reporting efficiency through refinement of information services delivered through the Public Health Laboratory Information Management System.
    - Planning began for inclusion of electronic reporting of public health laboratory information into the Panorama public health case management tool. This is anticipated to improve response times to communicable disease control.
    - With partners, and led by Manitoba eHealth, won the Government Technology Exhibition and Conference (GTEC) 2013 Excellence in Collaboration Award for Release One of eChart Manitoba.

2(g) Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	8,686	96.48	7,819	867	1
Other Expenditures	6,946		8,714	(1,768)	2
Total Sub-Appropriation	**15,632**		**16,533**	**(901)**	

Explanation Number:

1. Primarily due to overtime and medical technologist contracts

2. Primarily due to miscellaneous operating under-expenditures.

Selkirk Mental Health Centre

Selkirk Mental Health Centre (SMHC) is a provincial mental health facility mandated to provide specialized mental health and acquired brain injury inpatient treatment and rehabilitation services to all residents of Manitoba whose challenging treatment and rehabilitation needs cannot be met elsewhere in the health care system.

SMHC also has a formal agreement with the Government of Nunavut to provide inpatient services to residents of Nunavut experiencing acute mental illness.

Treatment and rehabilitation services in all programs are provided by multidisciplinary teams. SMHC specializes in five inpatient treatment programs:

- Acute Program (53 beds which includes 10 Intensive Rehabilitation beds)
- Rehabilitation Program (86 beds and 8 community transitional residence beds)
- Geriatric Program (75 beds)
- Forensic Program (18 beds)
- Acquired Brain Injury Program (20 beds and 5 community transitional residence beds)

The objectives were:

- To provide specialized inpatient mental health and acquired brain injury treatment and rehabilitation to residents of Manitoba whose challenging needs cannot be met elsewhere in the provincial health care system. Services are provided through five recovery-focused programs: Acute, Geriatric, Rehabilitation, Forensic and Acquired Brain Injury

The expected and actual results for 2013/14 included:

1. Role Statement identifies the programs and services that SMHC should provide into the future within the broader mental health system.
    - Work continues on the development of the Role Statement with an anticipated completion date of spring 2015. Several stakeholder strategic planning sessions were held, industry experts have been consulted, and environmental scans for best practice and literature reviews for emerging trends are in process.

2. Continue to develop relationships with community partners to increase patient flow-through and improve access to beds.
    - Stakeholder Advisory Committee now includes representatives from all regional health authorities (RHA). SMHC's Bed Utilization Manager works closely with RHAs to improve patient flow.

3. Dialectical Behaviour Therapy is implemented in two program areas to assist patients in their recovery and reduce patient and staff injuries.
    - Dialectical Behaviour Therapy is fully implemented at SMHC with positive patient outcomes. SMHC is nominated for a Manitoba Service Excellence Award, in the Innovation category.

4. Seclusion and Restraint Reduction Strategy reduces incidents of seclusion and restraints placed on patients, reduces patient and staff injuries, improves patient morale and assists patients in their recovery.
    - Implementation of Seclusion and Restraint Reduction Strategy continues with focus on staff training. Program leaders expand knowledge base by attending Six Core Strategies workshop

aimed at preventing violence, trauma and the use of seclusion and restraint in mental health settings. Restraint Tracker module is implemented in electronic patient chart to track and audit events, and collect data for performance measurements.

5. Lean Six-Sigma is used as a quality improvement strategy and more staff is trained to lead improvement projects.
   - SMHC produced its second Green Belt quality improvement leader and started its second quality improvement project which focuses on improving the scheduling process for nurses and psychiatric nursing assistants.

6. Performance measurement tools, like Balanced Scorecards, engage staff at all levels of the organization to improve efficiencies and effectiveness.
   - SMHC produces quarterly performance management reports called Dashboards for Governing Council which focus on access to services and patient flow, patient and staff safety, vacancy management and overtime management. SMHC's leaders meet on regular basis to analyze statistics and develop action plans for improvement.

7. New pharmacy software program integrates the automated medication distribution system with the new clinical application system.
   - New pharmacy software in development with anticipated implementation date of December 2014.

8. Pharmacists expand their roles to provide clinical support at the treatment team level and provide education to patients.
   - Pharmacist's role now includes teaching patients about their medications upon discharge. Pharmacist attends Acute Program daily to determine if any discharges are planned to offer patient counselling prior to discharge.

9. Medication Reconciliation is implemented in all programs areas upon admission, discharge and transfer.
   - Medication Reconciliation is now taking place in all programs areas and at all patient transition points. SMHC leads province in implementing medication reconciliation and is nominated for a Manitoba Service Excellence Award, in the Service Excellence Team category. Pharmacists assist staff to ensure forms are filled out correctly and in a timely manner.

10. New dietary software will improve patient safety for special diets, food textures and allergies.
    - Preferred software was discontinued; request for proposal is in process to identify other options.

11. New electronic Occurrence Reporting system improves information flow and record keeping.
    - Work proceeds on implementing an electronic occurrence reporting system.

2(h) Selkirk Mental Health Centre

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	39,763	494.30	35,070	4,693	1
Other Expenditures	5,228		5,323	(95)	
Total Sub-Appropriation	**44,991**		**40,393**	**4,598**	

Explanation Number:

1. Primarily due to overtime and physician contracts.

Provincial Blood Programs Office

Objectives:

- To promote and lead development of a province-wide, comprehensive blood transfusion system and integrated system (vein to vein) that provides safe, effective blood transfusion treatments to patients.

The expected and actual results for 2013/14 included:

1. Enhanced surveillance through the Adverse Event Reporting System leading to reduced patient injury.
    - Activity continued on data verification and analysis for utilization by Manitoba Health, Healthy Living and Seniors (MHHLS), Canadian Blood Services (CBS), Diagnostic Services of Manitoba (DSM), and Regional Health Authorities (RHAs).
    - Continued reporting of statistics to the National Transfusion Transmitted Injury Surveillance System managed by Public Health Agency of Canada.
    - Supported activities related to maintaining data quality e.g. data analysis and recommendations for accuracy/completeness on a sample of reports.

2. Provincial blood and blood products utilization strategy in place to ensure the optimal use of limited resources in a cost-effective manner.
    - Monitored utilization rates of red blood cells.
    - Monitored utilization rates in several categories of plasma derived products.
    - Maintained provincial mechanism for review and implementation of utilization management strategies for Intravenous Immune Globulin (IVIG).
    - Continued support for regional Transfusion Practice Committees.
    - Continued support for implementation of an automated provincial Transfusion Medicine laboratory information system (Trace Line ®).

3. Clear and understandable roles, responsibilities and accountabilities for all system stakeholders.
    - Provided timely and accurate information to external and internal stakeholders including provision of information and problem solving support for issues arising within the Manitoba Blood System and across Canada.
    - Continued to engage with system stakeholders to clarify roles, responsibilities and accountabilities; facilitating collaboration, information sharing and problem solving support for issues related to the Manitoba Blood System and at a national level.

4. Enhanced quality, transparency and affordability of transfusion services.
    - Service system review of roles, responsibilities, accountabilities and communication mechanisms and processes continued with all key stakeholder agencies. Work is ongoing as gaps/overlaps identified and resolved.

2(i) Provincial Blood Programs Office

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	215	4.00	325	(110)	
Other Expenditures	47		61	(14)	
Total Sub-Appropriation	**262**		**386**	**(124)**	

Manitoba Centre for Health Policy

The objectives were:

- To support policy evaluation and research on priority health issues for Manitoba Health, Healthy Living and Seniors.
- To support knowledge translation of research findings to decision makers.

The expected and actual results for 2013/14 included:

1. Five major deliverables for Manitoba Health, Healthy Living and Seniors that provide an analysis and assessment of priority health issues in Manitoba.
   - Management Information System (MIS) Information and Hospital Resource Implications
   - CancerCare Manitoba Data Acquisition into the Repository
   - The Mental Health of Manitoba's Children: Prevalence and use of the health care system
   - Models of Primary Care Delivery
   - The Cost of Smoking

2. Two to three workshop days annually, focused on the research findings and policy relevance to the health care system
   - Rural & Northern Healthcare Workshop
   - Winnipeg Regional Health Authority Workshop
   - Manitoba Health, Healthy Living and Seniors Workshop

2(j) Manitoba Centre for Health Policy

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	-	-	-	-	
Other Expenditures	2,200		2,200	-	
Total Sub-Appropriation	**2,200**		**2,200**	-	

Health Workforce

Insured Benefits

Insured Benefits (now called Fee-for-Service/Insured Benefits) is comprised of Administration, Registration and Client Services, Medical and Hospital Programs, Medical Consultancy, Audit and Investigation and Review Committees.

The objectives were:

- To provide policy direction, consultation and leadership to the Health Workforce Division in the development and delivery of insured health services, health labour relations negotiations and funding arrangements, and workforce policy and planning.
- To provide provincial leadership in the development of key strategic policy and program frameworks, and administer programs within legislative parameters that provide access to insured benefits under the Medical Program, Registration and Client Services, Family Doctor Connection Program, Eligibility and Portability Agreement, Inter-Provincial Reciprocal Agreements, Registry Exchange, Hospital Abstract Program, Out-of-Province Benefits Inter-Provincial Hospital and Medical Programs, and the Transportation Subsidy Program.

The expected and actual results for 2013/14 included:

1. A sustainable Insured Benefits Program in Manitoba in accordance with legislative requirements.

   Registration/Client Services
   - Visits to the Client Services counter decreased from 56,398 in 2012/13 to 52,822 in 2013/14. Client Services handled 182,095 telephone enquiries.
   - Issued 271,033 Manitoba Health Registration Certificates and processed 213,960 address changes.
   - On average, Manitoba Health Registration Certificates were issued within 7 business days of receipt of the application.

- 42,665 net new Personal Health Information Numbers were issued in Manitoba with 16,798 new certificates issued to 18-yr-olds receiving their own individual registration numbers for the first time as adults, in addition to 105,774 status changes (e.g. newborns, marriages, separations and deaths).
- Customers who visited the department website opted to use an "online form" in 6,014 instances to submit their request for a change to their Manitoba Health Registration Certificate.

Medical Claims

- Received and processed claims for 23,844,520 medical services, 488,143 optometric services, 911,927 chiropractic services and 5,656 oral surgery services.
- Processed 263,195 services provided by Manitoba physicians to residents of other provinces for recovery of payments through the Inter-Provincial Reciprocal Agreement.

Out-of-Province Claims

- Adjudicated 913 requests from Manitoba specialists from coverage of services outside of Manitoba.
- Provided $1.2 million in travel subsidies to 441 patients for 41 international (USA) and 563 domestic trips.
- Adjudicated 9,805 physician claims, 3,342 outpatient visits and 2,515 inpatient days for emergency care outside of Canada.
- Paid $26.5 million to other provinces and territories in accordance with the Interprovincial Reciprocal Billing Agreement for physician's fees (excluding Quebec physicians) and $43.7 million for hospital services on behalf of Manitoba residents who received care elsewhere in Canada.
- As a result of reciprocal billings to other provinces and territories for care provided to their residents, Manitoba Health, Healthy Living and Seniors recovered $15.6 million for physicians fees (excluding Quebec physicians) and $64.9 million for hospital services.
- Represented the department in 15 hearings of the Manitoba Health Appeal Board.

2. Customer focused service, through programs that provide access to insured medical and hospital benefits.
   - Manitoba Health Registration Certificates were issued, on average, within 7 business days of the receipt of the application.
   - Registration and Client Services achieved a time frame of 10 minutes on average in assisting clients in person and a time frame of 2 minutes for clients visiting the express service counter for simple address changes and replacement of Manitoba Health Registration Certificates.
   - Staff participated in the development of a new, state-of-the-art medical claims processing system that is intended to support better service to Manitobans and health-care providers once implemented.

3. Manitobans who are informed of, and receive, health benefits to which they are entitled.
   - Responded to 25,390 enquiries to the Family Doctor Connection Program.
   - Registration and Client Services achieved a time frame of 10 minutes in assisting clients attending the office in person.

3(a) Insured Benefits

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	5,982	110.29	5,916	66	
Other Expenditures	2,052		2,639	(587)	1
Total Sub-Appropriation	**8,034**	**110.29**	**8,555**	**(521)**	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

Medical Labour Relations

Medical Labour Relations (now called Contracts and Negotiations or C&N) represents the department in negotiating agreements with physicians, oral/dental and maxillofacial surgeons, chiropractors, optometrists, pharmacists, etc., respecting remunerating these professionals in accordance with provincial regulations, policies and agreements. The Branch also provides assistance with respect to negotiation and administration of nursing and other allied health-care provider agreements.

The activities undertaken within C&N include the planning, development and implementation of strategic policies for physician resources, as well as recruitment support and medical and medical-related profession regulation.

The objectives were:

- To represent the department in negotiations/arbitration concerning fee-for-service and alternate funded remuneration for medical and medical-related practitioners.
- To administer both fee-for-service and alternate funded agreements/arrangements.
- To develop appropriate funding and remuneration arrangements with medical and medical-related professionals and organizations within the health authority structure.
- To review, assess and advise on collective bargaining issues relating to the allied health sectors (i.e. nursing, professional/technical and paramedical, maintenance and trades, and support sectors).
- To provide support for departmental initiatives, including primary care renewal, chronic disease management and other new initiatives and objectives through medical and medical-related remuneration arrangements.

The expected and actual results for 2013/14 included:

1. Implement, administer and interpret the 2011 Doctors Manitoba Master Agreement, including the new Tripartite Agreement, in support of RHA and other system stakeholders' service delivery.
   - In order to meet the department's obligation under the 2011 Master Agreement, C&N continued to review the methodology underlying Doctors Manitoba's calculation of the Ontario-Prairie Average and worked with them to resolve issues related thereto.
   - C&N continued to analyze and work through issues such as the chronic disease management tariffs, the surgical assist remuneration structure, academic physicians' service and compensation model, and service provision to northern and rural areas, within the context of the Tripartite Agreement and otherwise.

2. Participate, as necessary, in any dispute resolution processes pursuant to the 2011 Master Agreement.
   - C&N continued to process and work through fee-for-service tariff concerns with Doctors Manitoba so as to resolve disputes without need of the formal process set out in the 2011 Master Agreement.

3. Renewal of agreements with other medical-related health practitioner groups, as they expire.
   - C&N concluded the following Agreements in 2013/14:
     - Western Surgery Centre Agreement (Term: December 1, 2013 to March 31, 2014);
     - Maples Surgical Centre Agreement (Term: February 1, 2013 to January 31, 2016);
     - Manitoba Locum Tenens Program Medical Service Agreement (Term: September 1, 2013 to March 31, 2015).

4. Continued development and refinement of remuneration options for the existing and emerging healthcare delivery system.
   - C&N revised the compensation model for Physician Assistants (PAs) and Clinical Assistants (CAs) in the Winnipeg Region.
   - C&N conducted an intensive review of appropriate compensation models for various physician groups, including academic geographical full-time physicians (GFTs).
   - C&N continued to participate in discussions regarding the development of remuneration options and structures for the Primary Care Network (PCN) and Inter-Professional Team Demonstration Initiatives.

5. Provide assessment and recommendations on nursing and other allied health care provider collective agreements and contract negotiations.

- C&N has provided direction and input to Labour Relations Secretariat to effectively conduct and manage negotiations with the nursing, facility support, community support and maintenance and trades sectors.

3(b) Medical Labour Relations

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,126	13.00	1,037	89	
Other Expenditures	232		375	(143)	
External Agencies	115		256	(141)	
Total Sub-Appropriation	**1,473**	**13.00**	**1,668**	**(195)**	

Health Workforce Strategies

Health Workforce Strategies (now called Health Human Resource Planning or HHRP) branch works in partnership with regional health authorities (RHAs), regulatory and professional bodies, the education sector, and other stakeholders to support the linkage between health human resource planning and departmental policy. Activities undertaken include the planning, developing, implementing and monitoring of health human resource supply and strategies to address the demands in health service delivery.

The objectives were:

- To identify strategies, provide policy direction and administer funds that support the recruitment and retention of healthcare professionals (physicians, nurses, nurse practitioners, physician assistants, clinical assistants, midwives and allied health professionals) to deliver healthcare services in Manitoba.

The expected and actual results for 2013/14 included:

1. Collaboration with system stakeholders to identify strategies and facilitate the implementation of initiatives that support the recruitment and retention of nurses, nurse practitioners, physicians, physician assistants, clinical assistants, midwives, and allied health professionals.
   - HHRP has collaborative relationships with many health system stakeholders directly involved in recruitment activities including and not limited to Medical Staff Recruitment and Administration of the Health Workforce Secretariat, Diagnostic Service Manitoba, CancerCare Manitoba, RHAs, post-secondary educational institutions, and the Office of Rural and Northern Health (ORNH). HHRP currently facilitates and supports direct health professional recruitment activities through online engagement, targeted advertising, funding recruitment incentives, and representation at recruitment events both provincially and nationally.

   Nurses

   HHRP continued to engage in various forums with key nursing stakeholder organizations to discuss nursing issues and support open communication among nursing groups and government.

   - HHRP consulted and communicated on a regular and frequent basis at RHA executive and Provincial Human Resource Leadership tables.
   - HHRP, on behalf of the department, continued to provide leadership on the renewed five-year contribution agreement under the Internationally Educated Health Professionals (IEHP) Initiative with Health Canada. The agreement supports a number of pilot projects designed to facilitate various aspects of the qualification recognition process and ultimately, with the timely integration of IEHPs into the Manitoba economy. One of the projects which evaluated Clinical Competency Assessments was successfully transitioned to the Winnipeg Regional Health Authority.
   - The Nurse Practitioner Education Grant was launched in 2013. The grant had been provided to 22 eligible applicants who will complete their return of service in a rural community as soon as they graduate. Of the successful applicants, one-third had already secured Nurse Practitioner positions in rural Manitoba.

- A provincial survey of New Manitoba Nursing Graduates was approved to be undertaken. The information collected, both qualitative and quantitative, will complement existing sources of nursing human resource data gathered and analysed by HHRP for provincial planning purposes.

Physicians

In 2013, HHRP promoted physician career opportunities in Manitoba at the following local and national events:

- University of Manitoba Family Medicine Job Fair, Winnipeg, February 2013
- Society of Rural Physicians of Canada, Victoria, April 2013
- Annual Medical Scientific Assembly, Winnipeg, April 2013
- Physician Recruitment Symposium, Brandon, September 2013
- University of Manitoba Family Medicine Retreat, Gimli, September 2013
- National Family Medicine Forum, Vancouver, November 2013

Allied Health

- In collaboration with Education and Advanced Learning, the ultrasound technologist education and training program has been implemented at Red River College and will see a doubling of the number of students trained in this profession.

2. Implementation/facilitation of solutions identified by stakeholders that will contribute to addressing identified systemic barriers to recruitment and retention of health care professionals.
   - HHRP, partnering with the College of Midwives of Manitoba, has designed an assessment program for Internationally Educated Midwives.
   - HHRP continues to support the Registered Nurses assessment program for Internationally Educated Nurses at the Health Sciences Centre and funds the International Medical Graduate Program.
   - HHRP will continue to evaluate its Nursing Recruitment and Retention Fund (NRRF) grant program in order to optimize access and utilization by internationally educated nurses.

3. Appropriate number of education seats for health professionals.
   - HHRP collaborated with the Department of Education and Advanced Learning to ensure appropriate levels of education seats were available to educate a variety of health professions both in Manitoba and in other provinces. Recent increases have occurred within the post-graduate Nurse Practitioner program at the University of Manitoba, as well as the establishment of the ultrasound technologist program at Red River College.
   - The Faculty of Nursing at the University of Manitoba now offers a doctoral program with a unique and innovative focus on health policy and knowledge translation.
   - MHHLS increased funding to the University of Manitoba Medical School from first year residency positions to 148 in 2013/14. HHRP worked directly with the University of Manitoba Faculty of Health Science, College of Medicine, to determine the allotment of funded residency positions in all medical program areas.

4. Improved retention of Manitoba nurses through the NRRF and Manitoba physicians through the Physician Recruitment and Retention Strategy.

Nurses Recruitment & Retention Fund (NRRF):

In 1999, the Nurses Recruitment and Retention Fund (NRRF) was established to assist with the recruitment and retention of RNs, RPNs and LPNs in Manitoba, and later nurse practitioners. The grants have helped nurses offset the cost of relocating to work in Manitoba, as well as offering funding to encourage nurses to work in rural and northern regions and other areas of need to enhance the delivery of health care services across the province.

- As of December 31, 2013, the NRRF has provided relocation cost assistance to 1,997 nurses who have moved to Manitoba from out of province. Since 2010, 501 new nursing graduates have received Conditional Grants which encourages eligible new nursing graduates to consider their first employment opportunities in a rural or northern location, in exchange for return of service.
- In 2013/14, the NRRF provided grants to 488 nurses in exchange for a one-year return of service.

Physician Recruitment and Retention Strategy

- HHRP engaged with stakeholders to evaluate current physician recruitment and retention initiatives as part of the ongoing development of a coordinated and integrated provincial recruitment and retention strategy.

5. Improved coordination of physician recruitment and retention activities in Manitoba.
    - Together with Medical Staff Recruitment and Administration, HHRP administered and facilitated several successful initiatives with respect to recruiting physicians to the province. Some of the activities included:
        - A provincial health employment website for physicians which facilitates connections between job-seeking medical professionals and potential employers.
        - Direct recruitment activities for family physicians, nurse practitioners, physician assistants and midwives.
        - Physician resettlement return of service grants to incent physicians to practice in Manitoba, with higher funding available for physicians practicing in rural and northern areas.
        - Specialist recruitment funds for return of service to specialists establishing a practice in Manitoba.
        - Grants for a northern/remote family medicine stream in exchange for a two year return of service in northern and remote locations.
        - The Medical Licensure Program for International Medical Graduates (IMGs) to assist foreign family doctors in receiving conditional registration. This program provides for the assessment and training of over 20 IMG physicians annually, who are required to provide service to underserviced areas of Manitoba.
        - The Non-Registered Specialist Assessment Program to organize and facilitate clinical assessments of internationally educated specialist physicians, whose registration will be limited to a specialty field of training.
        - The Medical Student/Resident Financial Assistance Program which covers the entire cost of a student's four years of medical school, in exchange for a return of service agreement in communities chosen by the province.
        - Continued use of a provincial repatriation coordinator position with a focus on recruiting Canadians/Manitobans studying medicine abroad.

6. Evaluate and monitor recruitment, retention and education strategies from data provided by the regulatory bodies, the regional health authorities and Manitoba Advanced Education and Literacy.
    - HHRP conducted labour market analysis with respect to a number of health professions and continues to work with Education and Advanced Learning and the University of Manitoba Faculty of Health Sciences, College of Medicine and regional health authorities to ensure approved levels of health professions were being educated in Manitoba to meet health system demands.

3(c) Health Workforce Strategies

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	629	12.00	879	(250)	
Other Expenditures	67		122	(55)	
External Agencies	171		171	-	
Total Sub-Appropriation	**867**	**12.00**	**1,172**	**(305)**	

Public Health and Primary Health Care

Public Health and Primary Health Care (PHPHC) focused on a number of key planning and policy areas throughout the year, including primary care renewal, Aboriginal health, chronic disease management, wait times reduction, public health including public health inspections services. PHPHC continues to provide direct service through the provincial nursing stations.

PHPHC also supports Cross-Department Coordination Initiatives (CDCI) and Manitoba Family Services (MFS). The primary focus of CDCI has been the development of housing with supports innovations for the seniors population, individuals with mental health issues and individuals who are homeless or at risk of being homeless, through a series of government strategies and initiatives. CDCI has also focused on applying research and learnings from current strategies to individuals with complex care needs, such as frequent users of emergency services.

Administration

The objectives were:

- Build capacity in the public health and primary care systems to:
    - Effect evidence-informed, innovative and sustainable system advancements
    - Improve access to efficient, quality, patient-centered service
    - Reduce health disparities and support Manitobans to maintain or improve their health status
    - Improve access to coordinated health and social supports for the most vulnerable populations: young families, seniors, individuals with mental health issues, individuals who are homeless or at risk of homelessness, and individuals who are frequent users of acute health services
    - Represent the government of Manitoba on federal, inter-provincial, inter-jurisdictional health issues

The expected and actual results for 2013/14 included:
Development, implementation and evaluation of policies, strategies, programs and services for Manitobans that address:

1. Public health
    - Provided leadership and support to ensure coordinated and integrated public health services and programs at the regional and provincial levels, including health promotion, surveillance, diseases prevention and control, health protection, and response to public health issues and emergencies.

2. Aboriginal health
    - Supported relationship building, implementation of strategies, policies, program development, and health promotion through partnerships with provincial departments, regional health authorities, and federal, First Nations, and Métis governments to address the health needs of the Aboriginal population, such as the identification of health indicators for Aboriginal communities in RHA community health assessments and annual health plans, and a provincial child health program and service matrix.
    - Supported strategic alliances with regional federal/provincial/territorial stakeholders to discuss northern health system delivery, a northern primary care network and a northern health engagement process.
    - Strengthened key relationships with First Nations and Métis governing organizations to build a strong foundation for collaborative work to improve Aboriginal health services and outcomes.
    - Advocated for and facilitated increased participation of First Nations, Métis and Inuit communities and governing organizations in planning health services for their communities.
    - Increased understanding on key issues that impact Aboriginal health, in particular jurisdictional ambiguities and cultural competency and cultural safety in an Aboriginal context.

3. Primary Care
    - Provided leadership and support for the participation and collaboration of partners and stakeholders in planning to improve access to and quality of primary health care for Manitobans, including development of Quick Care clinics, primary care buses, Primary Care Network, development of Advanced Access, and expansion of the Care Link self management program.

4. Maternal and child health care
    - Implemented and evaluated maternal and child health (including midwifery programs and services) policies and strategies to enhance and improve access to high quality, coordinated and cost effective care.
    - Established data collection and surveillance process for midwifery programs and services.

5. Care provision at provincial nursing stations
    - Supported continued enhancements to capital, health human resources planning, and improved service delivery at the three provincial nursing stations.
    - Supported development of improvements to services and operations to enhance services and prepare for transfer of the nursing stations operations to an RHA.

6. Services for under-served communities and most vulnerable populations
    - Provided leadership and support for stakeholder engagement, policy and program development, and inter-sectoral networks in the areas of primary care, maternal and child health, and public health focused on improving health outcomes for vulnerable populations in Manitoba.

7. Access to efficient and quality chronic disease care
    - Provided leadership and strategic direction on policies and strategies for health promotion and chronic disease prevention and management, such as the five-year plan for Manitoba Stroke Strategy.

8. Homelessness and Mental Health Housing through Cross-Department Coordination Initiatives (CDCI)
    - Provided leadership for housing with support projects funded by the department, in collaboration with the housing sector.
    - Facilitated the transition of the clinical services component of the Mental Health Commission of Canada's At Home/Chez Soi research/demonstration project into the provincial system.
    - Supported the coordination of housing with support services funded by the department and other jurisdictions.

9. Alternative delivery of health service linked to community housing and supports for frequent users of acute health services
    - Provided analysis of policy and service delivery approaches to populations with complex needs, who contribute to escalating cost drivers linked to the significant use of health resources by a small number of individuals.

4(a) Administration

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	243	4.46	349	(106)	
Other Expenditures	310		325	(15)	
Total Sub-Appropriation	**553**	**4.46**	**674**	**(121)**	

Public Health

Public Health in Manitoba aims to provide leadership and coordination for an integrated and strategic approach to public health programs and services at the regional and provincial levels. The core functions of public health are population health assessment, health surveillance, disease and injury prevention, health promotion and protection. The efforts of the Public Health Branch aim to assist government, RHAs, the community and health professionals in the planning and effective response to public health issues and emergencies. The Public Health Branch works collaboratively with the Office of the Chief Provincial Public Health Officer (CPPHO) and Cadham Provincial Laboratory Services, other departments, offices and key stakeholders throughout the province.

The objectives were:

- To provide provincial leadership, strategic direction, and coordination within the scope of public health including, but not limited to, communicable disease, infection prevention and control, environmental health, injury prevention, health promotion, and public health practice and programs.
- To provide public health intelligence (collection, analysis, and interpretation of data; review of research and information) to guide Manitoba Health, Healthy Living and Seniors, other departments, regional health authorities, and health organizations in the planning, development, and evaluation of public health policies, programs, and strategies.
- To detect, assess, and address public health risks and emerging public health issues.
- To lead an effective and responsive public health system, including during public health emergencies.

The expected and actual results for 2013/14 included:

1. Management of communicable and environmentally-mediated diseases.
    - Reorganized the PH Branch by moving the Environmental Health Policy group into the Communicable Disease Control (CDC) Unit. This change consolidated responsibility for management of all infectious diseases under CDC, by adding enteric diseases and non-enteric zoonotic diseases to CDC.

2. Consistency of regulations under *The Public Health Act* with public health best practice.
    - Environmental Health and Emergency Preparedness is in the process of reviewing and updating the following regulations:
        - Swimming Pool and Other Water Recreations Facilities Regulation
        - Recreational Camps Regulation
    - The Branch is a member of the Federal Provincial Territorial Committee on Food Safety and sits on a number of national food safety subcommittees to ensure consistency in the development of food safety standards.
    - In the process of developing a proposed personal services regulation, a number of guidelines and standards are also being developed to ensure inspection consistency.
    - The list of diseases reportable to Manitoba Health, Healthy Living and Seniors under the Reporting of Diseases and Conditions Regulation of *The Public Health Act* (Schedule B) was reviewed by the Reportable Diseases Working Group against criteria developed by the Public Health Agency of Canada to help determine the revised list of nationally reportable diseases. The outcome of the review was that some of the diseases currently reportable to the department are recommended for deletion as they do not require public health action; some emerging diseases are recommended for addition; and some of the diseases on the current list were reworded or re-categorized for clarity and consistency with the list of nationally reportable diseases.

3. Identification and management of communicable diseases, environmentally-mediated diseases, public health practice and programs, and infection prevention and control using evidence-informed policies, protocols, standards, and guidelines.
    - In January 2014, Manitoba, along with the other provinces and territories (P/Ts), experienced higher than normal flu vaccine demand, requiring additional doses of vaccine. The P/Ts worked together to fairly and equitably distribute the limited flu vaccine supply across Canada through the national Vaccine Supply Working Group. As a result, Manitoba secured an additional approximately 100,000 flu vaccine doses, allowing the province to meet the demand.
    - On January 1st 2014, legislation was passed to expand the scope of practice for pharmacists. Certified pharmacists are now authorized to administer vaccines to Manitobans 7 years of age and older. This includes the ability to administer privately prescribed vaccines as well as the following 4 publicly-funded vaccines: Tetanus, diphtheria, acellular pertussis (Tdap) vaccine; Human papillomavirus (HPV) vaccine; Pneumococcal polysaccharide (Pneu-P-23) vaccine; Seasonal influenza (flu) vaccine. All of the PH program components (standards, distribution, ordering etc.) are in place, and many pharmacies have registered with the Provincial Vaccine Warehouse.
    - The following Communicable Disease Management Protocols have been updated: Hepatitis B and Hepatitis B Newborn Prophylaxis Protocols; Gonorrhea; Sexually Transmitted Infections Treatment Guidelines; Seasonal Influenza; Giardiasis; Tuberculosis; Hepatitis A; Rabies: Protocol for Management of Human Rabies and Management of Animal Exposures to Prevent Human Rabies.
    - Public Health developed a pilot education/outreach program aimed at providing information concerning West Nile Virus (WNV) and Lyme disease to Manitoba residents and visitors. Department program staff attended some 20 festivals and special events throughout southern Manitoba and spoke to approximately 5,000 people, distributing information on WNV and Lyme disease.

4. Provision of provincial strategic direction on enhanced Sexually Transmitted Blood Bourne Infections (STBBI) prevention, treatment and surveillance to Healthy Living and Seniors, regional health authorities, and other stakeholders.
    - The Manitoba STBBI strategy (2014-2018) has been developed, presented and discussed with the Advisory Committee (AC), shared with Regional Health Authorities (RHA's). Public Health will establish a multi-disciplinary STBBI platform to engage key stakeholders as needed, set

programmatic and strategic priorities and coordinate the implementation of different interventions based on best practices.

5. Planned schedule for the implementation of new vaccines licensed in Canada.
   - Effective April 1, 2014, PH is expanding the Manitoba Routine Immunization Schedule for children and infants to include rotavirus vaccine, to prevent severe vomiting and diarrhea caused by rotavirus infection, and adding a second dose of varicella vaccine to be given at 4-6 years of age.
   - The school-based HPV immunization program continues, with girls in Grade 6 immunized against HPV, including females born in 1997 or later who missed the vaccine in Grade 6 (once eligible always eligible).

6. Coordinated inter-sectoral response to public health emergencies.
   - Member of the national Foodborne Illness Outbreak Response Protocol Team.
   - Developing a coordinated approach to public notification of boil water advisories.
   - On-going work with the Office of Disaster Management in coordinating heat, smoke and flood responses.
   - Participated in the response to the Federal/Provincial/Territories (FPT) consultation on the Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector document.
   - Developed the Manitoba Public Health Novel Influenza Plan & Influenza Response Plan.
   - Participated in FPT response to new and emerging diseases of concern: influenza A/H7N9 in China and MERS C-OV.
   - Participated in quarantine response planning with Public Health Agency of Canada, Office of Disaster Management and Winnipeg Regional Health Authority.
   - Enhanced public health risk assessment process and response coordination.
   - Revised public health outbreak response plan.
   - Reviewing emergency call out processes for public health staff.
   - Measles Outbreak management: contained the spread of measles by collaborating with Epidemiology and Surveillance, Communications, Department of Education and Advanced Learning, RHAs, and health care providers to ensure communication of the provincial direction of the situation. As other jurisdictions are dealing with expanding outbreaks Manitoba has successfully managed the situation, limiting the current outbreak to 8 confirmed cases.
   - Participated in FPT work to revise the Canadian Pandemic Influenza Preparedness (CPIP) guidance document; this work is ongoing.

7. Enhancements to the Food Safety Program and the Public Health Inspection Program.
   - Reviewing and updating the Food and Food Handling Establishment Regulation.
   - Amended the Food and Food Handling Establishment Regulation to more efficiently deal with new food handling practices.
   - Actively working with Manitoba Agriculture, Food and Rural Development to address the recommendations of the Office of the Auditor General Food Safety Audit and streamlining inspection services between the two departments.
   - Ongoing development and updating of food safety guidelines for the retail food industry such as farmers market guidelines.

8. Improved coordination of service delivery for public health inspection services.
   - Upgraded internal automated public health inspection data base.
   - Developed numerous public health inspector guidance documents and protocols.
   - Actively worked with the Winnipeg Regional Health Authority and the City of Winnipeg on coordinating housing and community responses.
   - Member of regional working groups to address senior squalor, hoarding and other housing and community issues.
   - Enforcement training refresher course provided to all provincial public health inspectors to ensure consistent enforcement of public health regulations.

9. Identification and implementation of a project under the Manitoba One World One Health Framework.
   - A sub-group of the One World One Health committee conducted a review of Manitoba's policies on exotic animals kept as pets and provided recommendations for actions that might be taken to protect public safety. As a result, development of a public education and awareness communications package and guidelines for municipalities to consider when drafting exotic pet control by-laws are moving forward.
   - On April 1, 2013, the Canadian Food Inspection Agency of Canada (CFIA) began devolving full responsibility to the provinces for four animal health programs – rabies, anthrax, anaplasmosis and chronic wasting disease (CWD). The announced changes came into full effect on April 1, 2014. MHHLS, Manitoba Agriculture, Food and Rural Development (MAFRD) and Manitoba Conservation and Water Stewardship (CWS) put forward and implemented an integrated solution among the three lead departments to create a comprehensive and coordinated approach to animal health programs linking human health, animal health and environmental health under a "One Health" (OH) framework, with emphasis on rabies (the most significant issue).

10. Progress on implementation of Phase 2 of Panorama in Manitoba.
    - Immunization and inventory modules are being developed and tested with the beginning of a staged roll-out in 2014.
    - Pilot sites have been selected for the roll out.
    - Training development is underway.

11. Production of specific analytic reports to further inform the implementation of recommendations from the 2010 Report on the Health Status of Manitobans and for planning and policy purposes.
    - The Epidemiology and Surveillance Unit provided a number of analytical reports for public use, such as:
      - Weekly influenza reports during influenza season.
      - The annual report (2011) on the Manitoba Immunization Monitoring System (MIMS).
      - Monthly communicable disease reports.
      - A statistical update on HIV/AIDS
    - A Surveillance Update on Active Tuberculosis in Manitoba from 2000-2012.

12. Enhancement of existing tools and protocols (e.g. notifiable disease reporting forms, databases, dissemination tools) to collect and analyze surveillance information that informs and supports public health service providers, planners, and policy makers.
    - Two significant changes to current surveillance processes occurred in 2013-2014:
      - Streamlined the process of reporting sexually-transmitted infections to the regions.
      - Completed the identification of single points of contact for referrals with key partners (i.e. FNIHB).

13. Development, testing and validation of scientific methodologies that improve epidemiology and surveillance systems in Manitoba.
    - PHIDO (Public Health Intelligence for Disease Outbreaks) is an application that detects disease outbreaks. PHIDO provides textual reports for alerting of an outbreak as well as the graphical presentation for observed disease counts and expected trends over time. This application also offers flexibility for setting alert thresholds and user interfaces. PHIDO is used in the production of the bi-weekly Epi Report to assist policy makers, planners and service delivery.

4(b) Public Health

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	10,928	108.45	11,920	(992)	
Other Expenditures	3,912		5,106	(1,194)	1
Vaccines	15,927		15,343	584	
External Agencies	-		12	(12)	
Total Sub-Appropriation	**30,767**	**108.45**	**32,381**	**(1,614)**	

Explanation Number:

1. Primarily due to under-expenditures in the West Nile Virus Program.

Federal/Provincial Policy Support

The objectives were:

- To support and assist the Premier in providing briefing material on health-related items for the Council of the Federation and the Council of Western Premiers.
- To support and assist the Minister of Health, Minister of Healthy Living and Seniors, the Deputy Minister of Health, Healthy Living and Seniors with Federal/Provincial/Territorial (FPT), Provincial/Territorial (PT), Western Ministers meetings and federal/provincial files.
- To provide leadership, advice and support to the Deputy Minister of Health, Healthy Living and Seniors and the department on federal, inter-provincial, inter-jurisdictional and other issues.

The expected and actual results for 2012-2013 included:

1. Policy, organizational and analytic support to the Premier, Ministers and Deputy Minister of Health, Healthy Living and Seniors, as well as the department on all FPT and PT health issues is provided.
    - The Federal-Provincial Policy Support Unit (FPU) prepared meeting materials and conducted briefings for the Premier, Ministers and Deputy Minister for all FPT and PT meetings in addition to liaising with departmental staff on national files.

2. The Minister of Health and the Minister of Healthy Living and Seniors are prepared for and supported at the HMM and Western Ministers conferences.
    - The FPU prepared and supported the Ministers at the 2013 Health Ministers' Meeting.

3. Deputy Minister of Health, Healthy Living and Seniors is prepared for and supported at the CDM, and Western Deputy Ministers Meetings.
    - The FPU prepared and supported the Deputy Minister at the Council of Deputy Ministers meeting in Edmonton.

4. Final report and implementation plan for the HCIWG, team-based models, is prepared for review by Premiers for the summer of 2013.
    - The final report and implementation plan was for the Healthy Care Innovation Working Group was reviewed and approved by Premiers in the summer of 2013. Part of this work was then moved to the Committee for Health Workforce (HWC).

5. Recommendations and an action plan are provided for HWC to ensure better coordination of medical school planning and workforce needs by Spring 2014.
    - HWC partnered with the Association of Faculties of Medicine of Canada to move forward on the development of a Physician Modelling Tool which will continue to work towards better coordination of medical school planning and workforce needs.

6. CIHI and PTs move forward on the implementation of the Canadian Multiple Sclerosis Monitoring System by Fall 2013.
    - The initial work of building this system is now complete and has moved from the development phase to the implementation and operations phase. This is now part of CIHI's regular registry system.

7. FPTs and Deans of Faculties of Medicine improve synergies between demand and supply of medical school graduates.
    - FPTs and the Deans of Faculties of Medicine continue to work on the demand and supply of medical school graduates.

8. Manitoba leads PTs and Health Canada to develop a pan-Canadian approach to food labelling in restaurants.
    - Manitoba launched BC's Informed Dining Program on September 30, 2013, and transitioned the lead back to BC.

9. Manitoba works with PTs to support federal enhancements of the Nutrition North program.
    - Manitoba continues to monitor the Nutrition North program and awaits an update to the federal budget.

4(c) Federal / Provincial Policy Support

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	401	6.00	485	(84)	
Other Expenditures	30		42	(12)	
Total Sub-Appropriation	**431**	**6.00**	**527**	**(96)**	

Aboriginal and Northern Health Office

The Aboriginal and Northern Health Office (ANHO) promotes the consideration of the unique service needs of Aboriginal and northern populations and supports relationship building during the policy and planning stages of the provincial health system. ANHO has responsibility for First Nations, Métis, and Inuit (FNMI) Health; northern health; and provincial nursing stations (PNS).

The objectives were:

- The provision of timely, evidence-based policy and planning advice that advances the goals and objectives of Manitoba Health, Healthy Living and Seniors focused on Aboriginal and northern health service delivery.
- Engage, facilitate, or lead strategic relationships and partnerships that address key challenges, barriers, and impediments for Aboriginal and northern health and well-being.
- Provide management leadership for the effective and efficient operations of provincial nursing stations (PNS).

The expected and actual results for 2013/14 included:

1. Informed and coordinated provincial Aboriginal and northern health planning, policies, structures and processes.
    - ANHO facilitated increased participation of First Nations, Métis and Inuit (FNMI) communities and governing organizations in planning health services for their communities.
    - ANHO wrote proposals and recommendations advocating for funding and other supports to increase the capacity of FNMI communities to engage in planning and other activities to develop and improve health services for FNMI communities.
    - Long-standing and highly complex jurisdictional ambiguities among provincial, federal and FNMI service providers are a major challenge to the provision of effective health services to FNMI communities. ANHO facilitated dialogue to increase understanding within the department of jurisdictional ambiguities and to develop collaborative approaches to address them.
    - ANHO strengthened key relationships with FNMI governing organizations to build a strong foundation for collaborative work to improve FNMI health services and outcomes.
    - ANHO played a lead role in multilateral work to develop policies and procedures to implement Jordan's Principle, a child-first approach to services for First Nations children with multiple disabilities and served by multiple service providers.

2. Develop a draft outline of Aboriginal and northern knowledge that increases knowledge and cultural competencies for all stakeholders.
    - ANHO drafted a Letter of Intent to develop an Aboriginal Cultural Protocol Policy for the department and a draft outline for a framework to address cultural competency and cultural safety.

3. Northern Regional Health Authority (now Northern Health Region) is engaged to better coordinate and align planning and operations for PNS.
    - ANHO worked collaboratively with the Northern Health Region and other units in the department to write a work plan and form a steering committee to transfer the responsibility for PNS from ANHO to the Northern Health Region. Work on aligning all policy and procedures, including critical incident reporting, is underway.

4(d) Aboriginal and Northern Health Office

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,802	35.00	3,304	(502)	1
Other Expenditures	3,362		3,012	350	
External Agencies	724		724	-	
Total Sub-Appropriation	**6,888**	**35.00**	**7,040**	**(152)**	

Explanation Number:

1. Primarily due to miscellaneous salary under-expenditures.

Primary Health Care

The objectives were:

- Lead the department-wide implementation of the plan to provide all Manitobans access to a family doctor.
- Implement and evaluate policies and strategies to enhance the primary care system to better meet patient and population needs in Manitoba.
- Coordinate integrated planning across department, providers, RHAs, other government departments and/or organizations.

The expected and actual results for 2013/14 included:

1. Development of policies, initiatives, standards and tools that support provincial direction on primary care.
   - Primary care service standards have been developed to guide departmental and regional planning and policies related to MYHEALTHTEAM, capital projects and attachment.
   - New MYHEALTHTEAM service design and planning processes will ensure development of consistent and comprehensive primary care service plans. New processes to measure net change in attachment have been implemented as part of the year 1 service priority. Year 2 access and complex patient standards are under development.
   - A comprehensive stakeholder communication and engagement strategy for primary care to support information sharing, education and outreach to the public and providers has been developed.
   - Physician Integrated Network (PIN) Indicator Advisory Committee met regularly to collaborate regarding quality clinical indicators. Two new PIN indicators for COPD and osteoporosis were developed.
   - The patient enrolment pilot has been implemented in all twelve PIN sites and the first mobile clinic.
   - An internal committee reviewed the Manitoba League for Persons with Disabilities report to improve access to primary care for people with disabilities and are developing recommendations to address issues and barriers identified
   - Implemented and evaluated maternal and child health (including midwifery programs and services) policies and strategies to enhance and improve access to high quality, coordinated and cost effective care.
   - Established data collection and surveillance process for midwifery programs and services.

2. Implementation of demonstration PCNs (or Primary Care Networks, now known as MYHEALTHTEAMs) within four RHAs and selection of additional sites for planning phase.
   - Four "Wave 1 MYHEALTHTEAMs" and ten "Wave 2 MYHEALTHTEAMs" have proceeded and are in various stages of planning, implementation and operations.
   - Several MYHEALTHTEAM service planning and cross-MYHEALTHTEAM working group meetings were convened for regional health authorities, fee-for-service physicians and community organizations to support MYHEALTHTEAM development, problem solving and information sharing between stakeholders and across regions.
   - A Service Coordination Strategy stakeholder meeting engaged regional health authorities, as well as the federal and provincial governments in early planning to advance service coordination within MYHEALTHTEAM, a year 3 priority.

3. Operationalization and continued development of additional quick care clinics and Mobile Care buses.
   - A Mobile Clinic was launched to provide access to primary care to rural and remote communities in Prairie Mountain Health Region. Planning is underway for two more mobile and four Quick Care clinics. In the last quarter, QuickCare clinics saw an average of 900 patients per week. Patient survey results indicate a high level of patient satisfaction with the service and hours of operation.

4. Enhanced Family Doctor Connection Program, supported by a central information system and province-wide processes, to provide more active connection of patients to a family doctor.
   - The enhanced Family Doctor Connection Program has been in pilot mode since the fall of 2013. 4043 registrants have been matched to a family doctor or nurse practitioner.

5. Implementation of pilot projects in which other professions are incorporated in fee-for-service primary care practices; broader program designed and launched based on learning from pilots.
   - The Inter-professional Team Demonstration (IPTD) initiative was developed to encourage inter-professional teams in fee-for-service primary care clinics as part of MYHEALTHTEAM implementation. It was initially piloted in four sites and has expanded to an additional 31.5 positions for nurse practitioners, physician assistants or nurses to support attachment to a family doctor.

6. Implementation of Advanced Access throughout additional primary care office practices in Manitoba.
   - 21 primary care sites received training, tools and resources to implement quality improvement events. Now 36% of the primary care clinics that are within the scope of the initiative have or are participating in Advanced Access training.
   - As of October 2013, Manitoba began to use locally trained faculty to deliver the training.

7. Increased access to self management support programs.
   - A plan to begin exploring the development of a Consumer Health Strategy in partnership with Manitoba eHealth and Canada Health Infoway was approved. It is expected that the Consumer Health Strategy will inform future planning for an 811 service, online health portal and other consumer health solutions.

8. Public reporting on progress of primary care initiatives established
   - Reports have been produced to begin to monitor the impact of new primary care initiatives and use results for quality improvement, program planning and accountability purposes.
   - An indicators inventory is being developed to identify available indicators, data sources and reporting mechanisms to facilitate monitoring, evaluation and reporting.

4(e) Primary Health Care

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,346	15.00	1,223	123	
Other Expenditures	3,208		3,988	(780)	1
Total Sub-Appropriation	**4,554**	**15.00**	**5,211**	**(657)**	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

Regional Policy and Programs

Administration

The objectives were:

- To provide strategic leadership to advance and support the objectives and priorities of Manitoba Health, Healthy Living and Seniors focusing on:
    - Acute, Tertiary, and Specialty Care
    - Cancer and Diagnostic Care
    - Continuing Care
    - Disaster Management Services
    - Emergency Medical Services
    - Office of the Chief Provincial Psychiatrist
- To facilitate integrated health services delivery for Manitobans by liaising with program leadership in other divisions of Manitoba Health, Healthy Living and Seniors and with other government departments, notably including:
    - Mental Health and Spiritual Health Care
    - Primary Health Care
- To provide support to the Minister of Health and the health authorities (regional health authorities, CancerCare Manitoba and Diagnostic Services of Manitoba), through ongoing policy direction and recommendations in planning, implementing, monitoring and evaluating health services for Manitobans.

The expected and actual results for 2013/14 included:

1. Manitoba Health, Healthy Living and Seniors' strategic objectives and priorities are advanced with respect to acute, tertiary and specialty services, diagnostic and cancer care, continuing care, and emergency medical services and in an integrated manner that benefits Manitobans.
    - Worked with regional health authorities, CancerCare Manitoba and Diagnostic Services of Manitoba to provide information to support decision-making on a range of strategic and issue-based matters, designed to improve service delivery.
    - Supported the establishment of Councils to coordinate provincial efforts in the areas of Quality and Patient Safety, Continuing Care, and Acute Care.
    - Focused planning and implementation efforts on improving access to care and reducing waits for health services, supporting system enhancements in continuing care services, and making improvements in the journey from suspicion to treatment for cancer patients.

2. Current and future health services are operated in compliance with legislative and regulatory requirements and supported by evidence-based policy.
    - Fulfilled requirements as established under *The Health Services Insurance Act (*including monitoring of Personal Care Home Standards under *The Regional Health Authorities Act* and *The Manitoba Evidence Act* while ensuring compliance with critical incident reporting), *The Mental Health Act, The CancerCare Manitoba Act,* and *The Emergency Medical Response and Stretcher Transportation Act*.

3. Timely information is provided to the Minister of Health, internal clients and the health authorities to support evidenced-based decision-making.
    - Tracked and reported on a variety of data and assisted the Minister of Health, regional health authorities, CancerCare Manitoba and Diagnostic Services of Manitoba in their decision-making in matters related to the delivery of safe patient care and program planning, policy and standards.

4. Public expressions of concern related to service delivery issues are researched and responded to in a timely manner.
    - Timely investigations and responses were provided to inquiries by the public and/or the media on behalf of the public.
    - Responses to inquiries via the *Freedom of Information and Protection of Privacy Act (FIPPA)* were provided in a timely and responsive manner.

5(a) Administration

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	301	4.00	309	(8)	
Other Expenditures	110		57	53	
Total Sub-Appropriation	**411**	**4.00**	**366**	**45**	

Health Emergency Management

The Emergency Preparedness and Response Branch (EPRB) is the provincial regulator of emergency medical services (EMS) providers and services. The EPRB's mandate is to provide leadership and direction that ensures the provision of effective and efficient EMS and EMS education throughout the province by Manitoba Health, Healthy Living and Seniors (MHHLS), the Regional Health Authorities (RHAs) and other agencies funded by, licensed or approved by MHHLS. In addition to its regulatory role, the EPRB role is to develop and implement legislation, regulations, policies and standards to support the effective delivery of EMS in the province.

The objectives were:

Emergency Medical Services

- To support the Minister of Health, the department and the RHAs in planning and delivering, monitoring and evaluating safe, high quality, efficient, effective and evidence informed emergency medical services.
- To ensure compliance with regulations respecting medical transport in Manitoba.
- To coordinate operation of the Lifeflight Air Ambulance program.
- To inform Manitobans and MHHLS about demand, capacity and access to emergency medical services.

The Office of Disaster Management

- To support the Minister of Health, the department and the RHAs in planning and delivering, monitoring and evaluating safe, high quality, efficient, effective and evidence informed disaster management services in the health sector.
- To ensure the health sector meets the health needs of Manitobans during and after disasters through prevention and mitigation, preparedness, response and recovery activities.

The expected and actual results for 2013/14 included:

Emergency Medical Services

1. Effective administration of *The Emergency Medical Response and Stretcher Transportation Act* and Regulations with respect to licensing providers of land ambulance, air ambulance, stretcher car services and licensing personnel.
   - For 2013/14 the Emergency Medical Services Branch issued the following service provider licenses for:
     - 20 providers of land ambulance
     - 14 providers of medical first response
     - 8 providers of air ambulance service
     - 2 providers of stretcher car service
     - 1 provider of dispatch service
   - As of March 31, 2014 there were 2,921 licensed EMS personnel in Manitoba. The breakdown for the personnel license categories are: 2,278 land personnel, 195 aeromedical attendants, 245 pilots, and 203 stretcher attendants. Included in this are 320 new personnel license holders, and 490 personnel who renewed their license in 2013/14.
   - Processes are in place in the EMS Branch to protect the public for situations when new applicants or license holders have criminal offences or criminal charges pending.

2. Land, air and ambulance services will be in compliance with *The Emergency Medical Response and Stretcher Transportation Act* and Regulations.
   - Application for annual licensure occurs in September and licenses are distributed for January. All applicants must meet legislative and regulatory requirements on an annual basis including a physical inspection of their transportation platforms and garages/hangars. If services do not meet standards, they may be suspended, or considered for provisional licensure on a temporary basis until they can meet the licensing requirements.
   - There were 18 service providers that received provisional licenses during 2013/14. One air ambulance applicant was denied a license in 2014.

3. Competent EMS practitioners delivering safe patient care by adhering to EMS standards, treatment guidelines and treatment protocols, and engaging in continuing education.
   - Summative practical evaluations were developed in cooperation with the Manitoba EMS education agencies, and were implemented in all EMS education agencies during 2013/14. Audits of the summative practical evaluations were conducted by the EMS Branch Exam Team for all EMS education programs in 2013, and will continue as a quality assurance measure for eligibility to operate EMS education programs.
   - The EMS Branch administers the provincial exam for licensure candidates at the Technician level only. From April 1, 2013 to March 31, 2014, 160 exam candidates were examined by the EMS Branch. There were no appeals to the Manitoba Health Appeal Board regarding exam results for 2013/14.
   - The EMS Branch holds a position on a Council known as the Canadian Organization of Paramedic Regulators (COPR) who has been implementing plans to ensure barrier-free mobility and compliance with the Agreement on Internal Trade since 2009. In the spring of 2012 COPR began to administer a national exam for Primary Care Paramedics (PCPs) and Advanced Care Paramedics (ACPs), and Manitoba candidates began taking the national exam in September 2012. 101 PCPs and 17 ACPs took the national exam in Manitoba between September 2013 and March 2014.
   - Continuing education is an essential element to ensure licensed paramedics are clinically competent. The EMS Branch modified the former continuing education program effective January 1, 2013 and this program is presently called the Manitoba Continuing Competency Paramedic Program (MCCPP). The EMS Branch audits approximately 15 reviews per day of license holder continuing education credits. Proof of completion for the continuing education credits (mandatory and optional) are verified for annual license renewal and the vast majority of license holders are in compliance with continuing education requirements.

4. Safe and timely medical transportation of Manitoba residents by fixed wing, rotary wing, land ambulance and land stretcher service.
   - Fixed wing basic air ambulances conducted 5,457 patient trips, rotary wing air ambulance conducted 149 patient trips, and the South Air Ambulance Program conducted 430 patient trips.
   - Lifeflight provided safe transport for 459 seriously ill or injured patients from rural and northern facilities to tertiary centres primarily in Winnipeg. Lifeflight also arranges for the air transportation of pre-approved Manitoba residents to facilities out of province when their care is unavailable in Manitoba. Lifeflight provided transport of 97 Manitoba residents who required medical care not available in Manitoba.
   - Oversaw the service purchase agreement between Shock Trauma Air Rescue Society (STARS) and the Government of Manitoba, including the move to 24/7 service in April 2013. The Department also worked with various stakeholders to address concerns raised, including clinical and administrative, in regard to this service purchase agreement.
   - In April 2013, the EMS System Review Report was received. The report, containing 54 recommendations, sets out a series of improvements for the EMS system for the next 5 – 10 years to establish an integrated, responsive, reliable and sustainable EMS system.
     - A Review Task Force (RTF) was established to develop plans for implementation of recommendations and to lead implementation of actions. The RTF subsequently established nine work Teams (WT) including representation from key system stakeholders including front-line medics, education institutions, medical experts and administrators.
     - Regular communications on the efforts of the RTF were distributed outlining progress on fulfilling the recommendations.

5. Robust and informative data collection processes and indicators for EMS service.
    - The EMS Branch relies on internal data collection methods and the Medical Transportation Coordination Centre for EMS data to analyze and monitor the EMS system.
    - The EMS system review included reference to making improvements in patient care records and other EMS data collection. Authority was provided in 2013/14 to undertake an information technology assessment.

6. Current and relevant EMS standards, treatment guidelines and policy.
    - Emergency Treatment Guidelines and Protocols were under revision by the provincial EMS Medical Director during 2013/14. The Provincial EMS Medical Director has completed a review of all former Treatment Guidelines and Protocols and developed them into Patient Care Maps which will become the foundation of EMS practice in Manitoba. The Patient Care Maps will be supported with educational material and clinical procedures. An Executive Practice Committee (EPC) was established in 2014 to replace the former Manitoba Emergency Services Medical Advisory Committee (MESMAC). 65 Patient Care Maps were submitted to EPC in 2013/14. 20 Patient Care Maps were approved in 2013/14 while 45 Patient Care Maps were under review, and it is anticipated they will be approved in early 2014/15.

7. Effective administration of the NPTP that enables RHAs to ensure access to medical services for residents in northern Manitoba.
    - The NPTP is administered by the EMS Branch through the regional health authorities and provides an important travel subsidy for northern Manitoba residents who cannot access medical care in their RHA. Opportunities for developing greater efficiencies and accountability in the program have been identified and continue to be worked on.
    - Funding for two NPTP Coordinators was secured in 2013/14. The NPTP Coordinators will focus on initiatives that will achieve efficiencies and alignment with policy objectives.
    - The EMS Branch engaged Protegra Business Technology Solutions to carry out Phase 1 of the development Program Information System (MNPTP-IS). The work was completed focused on the preparatory work required to support the detailed design of and implementation planning for Phase 2 of the MNPTP-IS.
    - The EMSB is in the process of developing a Request for Proposals (RFP) for the provincial basic air ambulance (BAA) service. The RFP is the product of several years of work involving the NPTP, the South Air Ambulance Program (SAAP), and the recommendations arising from the 2013 Provincial EMS Review. The RFP would result in the awarding of a Performance Based Contract (PBC) to ensure the appropriate number and mix of air ambulance aircraft.

8. Manitobans receive timely response to enquiries.
    - The EMS Branch receives public enquiries in person, by phone, e-mail and via a website. The EMS Branch staff respond to these inquiries within one to five working days.
    - Staff participated in the audit of the Helicopter Ambulance Program as conducted by the Office of the Auditor General.

Office of Disaster Management

1. A disaster management program for Manitoba Health, Healthy Living & Seniors that meets the requirements of due diligence and internationally recognized best practice (currently National Fire Protection Association 1600 Standard on Disaster/Emergency Management and Business Continuity Programs).
    - The Office of Disaster Management (ODM) continues to work with regional health authorities in the implementation of their disaster management programs. This work is based on a hazard assessment that identifies consequences and implications for Manitoba's health sector. Based on this hazard assessment process, ODM has focused work with RHAs in specific hazard areas including flooding, wildland fire and smoke monitoring, and severe weather preparedness (heat waves, severe summer weather including tornadoes, hail and heavy rainfall events).
    - Operational support during emergencies and disasters continues on an as-needed basis. ODM provides emergency management advice, co-ordination and support to RHAs through the Manitoba Health, Healthy Living & Seniors Duty Officer. During the 2013/14 year, the Manitoba Health, Healthy Living & Seniors Duty Officer provided advice, co-ordination and support in more than 100 events. In 2013/14, ODM provided operational support and guidance in multiple emergencies including:

  - Support to the Alberta Department of Health through the provision of flood related materials and public health inspector resources in response to the June 2013 flooding in many areas including High River and Calgary.
  - Wildland fires in northern Manitoba in June and July 2013 that resulted in more than 1,000 evacuees being displaced and supported in multiple RHAs.
- In addition, the Manitoba Health, Healthy Living & Seniors Emergency Coordination Centre (ECC) was activated for the following event:
  - TransCanada natural gas pipeline explosion and subsequent loss of natural gas services near the community of Otterburne in Southern Health-Santé Sud in January 2014.

2. A fully integrated health Incident Management System for MHHLS and the RHAs that meets the requirements of due diligence and internationally recognized best practice (currently National Fire Protection Association 1561 Standard on Incident Management Systems).
   - Manitoba Health, Healthy Living & Seniors and RHAs continue to refine their Incident Management Systems through operational events, exercise experiences and continuous quality improvement. Manitoba Health, Healthy Living & Seniors has policy direction in place requiring all RHAs to develop and implement Incident Management Systems. Functional Incident Management Systems are in place at the RHA level and training continues for management and staff at all levels.
   - RHAs have successfully implemented Incident Management Systems to respond to a variety of emergencies and disasters throughout the province this year, including in the response to the northern Manitoba wildland fires to ensure continuity of health care services for evacuees and also in the TransCanada natural gas pipeline explosion and loss of natural gas services to ensure continuity of health care services within the affected areas.
   - At Manitoba Health, Healthy Living & Seniors, the Emergency Response and Management System (ERMS) has been developed to respond to large scale health sector emergencies such as a pandemic influenza. The ERMS has also been implemented centrally in Manitoba Health, Healthy Living & Seniors to respond to public health events. The most recent activation of the ERMS was during the response to the TransCanada natural gas pipeline explosion and subsequent loss of natural gas services.

3. A coordinated and effective preparedness and response structure within MHHLS and the RHAs.
   - The department continues to work with a variety of stakeholders to ensure that preparedness is in place to limit morbidity, mortality and societal disruption during emergencies and disasters. Preparedness work was concentrated in the areas of spring flooding, mass notification systems, situational awareness and the common operating picture, psychosocial support, severe summer weather (including tornadoes, hail and heavy rainfall), the heat alert and response system and wildland fire and smoke monitoring.
   - These preparedness processes have required the development of practical and efficient inter-agency response mechanisms that have enhanced preparedness and response across the health sector.

5(b) Health Emergency Management

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,241	24.00	1,988	253	
Other Expenditures	15,307		16,344	(1,037)	
External Agencies	20		23	(3)	
Total Sub-Appropriation	**17,568**	**24.00**	**18,355**	**(787)**	

Cancer and Diagnostic Care

The objectives were:

- To support the Minister of Health and health authorities (regional health authorities, CancerCare Manitoba and Diagnostic Services of Manitoba or DSM) in planning and delivering safe, high quality, efficient, effective, evidence-informed cancer, diagnostic and laboratory services.

- To inform Manitobans and the department about demand, capacity access and waits for cancer services and diagnostic and laboratory services.

The expected and actual results for 2013/14 included:

1. Health system partners and stakeholders are informed of emerging health issues, service gaps and the quality and safety of care.
    - Reconstituted/created appropriate governance structures and led baseline work to support strategic and operational discussions to improve the diagnostic system in partnership with health care stakeholders.
    - Identified and anticipated emerging diagnostic health and service issues and worked with system partners in order to ensure continued safe, quality care.

2. Current programs are executed in accordance with established plans and authorities.
    - Supported DSM in advancing strategic direction relative to diagnostic services.

3. New and expanded programs are implemented in accordance with government priorities.
    - Support the implementation of investments in cancer prevention, screening and care in accordance with the *Manitoba's Cancer Strategy 2012-2017*.
    - Led the implementation of the first-in Canada, Cancer Wait Time Strategy entitled the "In Sixty Cancer Patient Journey Initiative." This initiative aims to reduce the cancer patient journey from suspicion to treatment to two months or less. Activities include:
        - Participated in, and provided secretariat support for, the Manitoba Cancer Partnership Steering Committee.
        - Facilitated the work of the Rapid Improvement Leads with stakeholders to identify process efficiencies and improvements related to Breast Cancer diagnosis and treatment.
        - Established Regional Cancer Program Hubs in Selkirk, Brandon and Dauphin
    - Led a Provincial Digital Mammography Steering Committee to oversee conversion of existing Film Screen Mammography equipment to digital equipment.
    - Collaborate with CCMB and DSM in the implementation and expansion of molecular testing in Manitoba for cancer treatment.
    - Work in collaboration with CCMB, Cadham Provincial Lab and DSM on the implementation of Liquid Based Cytology in Manitoba.
    - Participated in the review and planning for options to expand the Breast Health Centre.
    - Participated in the review and planning for construction of a new CancerCare Building.
    - Participated in the review and planning for renovations to Thompson Hospital's community cancer program.

4. Manitobans receive timely response to inquiries.
    - Timely investigations and responses continue to be provided to verbal and written inquiries by the public, as well as media issues/expressions of concerns related to health care delivery within Manitoba.
    - This includes providing timely and appropriate information to individuals, within the boundaries of *The Personal Health Information Act (PHIA)* and *The Freedom of Information and Protection of Privacy Act (FIPPA)*, on individual and systemic health care enquiries, including referrals for services and appeal process information.

5. Manitobans have timely access to quality cancer care including diagnosis and treatment.
    - Facilitated the work of the Provincial Imaging Advisory Council, whereby replacement of specialized equipment for Nuclear Medicine, Radiology, CT/MRI and Ultrasound across the province is prioritized for the fiscal year.
    - Participated on the Canadian Partnership Against Cancer Breast, Colorectal, Cervical and Lung Cancer Screening Networks.
    - Collaborated with the CCMB Screening Programs in the review and adoption of the Canadian Task Force Guidelines for Breast and Cervical Cancer Screening.
    - Undertook analysis and consultation with DSM to support:
        - Developing a Radiology Services Strategic Plan for the Province of Manitoba to enable DSM to comply with the Cochrane Report recommendations.
        - Establishing HER2 Breast Cancer protein expression testing at St. Boniface General Hospital.

  - Implementing Immunohistochemistry staining equipment for diagnosis of Lynch Syndrome.
- Participated on the Manitoba Digital Pathology Project Steering Committee.
- Participated in establishing a formal drug approval process for cancer drugs including IV and oral chemotherapy.
- Funded pathologist and technologist recruitment to enable DSM to achieve College of American Pathology (CAP) accreditation. Resulting in a reduction in pathology turnaround times and the participation on a pilot Traceline project.
- Supported renovations to the lab at St. Boniface Hospital in order to meet the criteria for ongoing CAP accreditation.
- Funded a mobile ultrasound machine for DSM resulting in the ability to increase capacity in Swan River and Roblin, and provide additional capacity in Russell.

5(c) Cancer and Diagnostic Care

Expenditures by Sub-Appropriation	**Actual 2013/14 $(000's)**	**FTE**	**Estimate 2013/14 $(000's)**	**Variance Over(Under) $(000's)**	**Expl. No.**
Salaries and Employee Benefits	433	5.00	397	36	
Other Expenditures	209		215	(6)	
Total Sub-Appropriation	**642**	**5.00**	**612**	**30**	

Continuing Care

The objectives were:

- To support the Minister of Health and the health authorities in planning and delivering, monitoring and evaluating safe, high quality, efficient, effective and evidence informed continuing care health services.
- To inform Manitobans and Manitoba Health, Healthy Living and Seniors about demand, capacity, access and waits for continuing care health services.

The expected and actual results for 2013/14 included:

1. Personal Care Homes (PCH) operate in compliance with the Personal Care Home Standards Regulations as set out under *The Health Services Insurance Act*.
   - Provided leadership in the ongoing monitoring of the 125 PCHs across the province. The monitoring process includes reporting the findings of on-site reviews to each respective site, as well as initiating follow-up with action plans and PCH-related complaints such that all 26 PCH standards will be met over time.
   - On-site standards reviews to assess compliance with established provincial standards were conducted in sixty-six (66) PCHs in the following regional health authorities (RHAs): Prairie Mountain Health, Northern, Winnipeg, and Southern Health-Santé Sud.
   - In addition, sixteen (16) unannounced reviews were conducted in PCHs across the province.
   - One pre-licensing review was conducted at Heritage Life PCH in Niverville.

2. Eligible personal care homes are licensed.
   - Provided leadership in the annual licensing of the 125 PCHs across the province. There are a total of 9,715 licensed PCH beds in 125 facilities province wide.

3. New and expanded programs in continuing care are implemented in accordance with government priorities.
   - Advancing Continuing Care—A Blueprint to Support System Change was finalized with release planned for 2014/15 outlining priority actions in continuing care to further ensure that appropriate local support services match the needs of individuals and families along the continuum, including high quality, dignified end-of-life care.
   - Supported the initiation of three operating Hospital Home Teams (HHT) in the Winnipeg Regional Health Authority (WRHA). The HHTs provide intensive, short term community supports with the goals of client reablement and stability in the community setting.

- Provided leadership in the area of Community Housing with Services. In particular, the expansion of Supportive Housing units in the Province. Staff collaborated on the Manitoba Centre for Health Policy's deliverable related to the affordability of Supportive Housing. Work was initiated on the Community Housing with Services Review which will lead to the development of a new framework to identify the best models to allow older adults in the province to remain safely in their communities for as long as possible. Problem solving around the sustainability of Elderly Persons Housing operated by rural RHAs continued.
- Provincial and regional stakeholders continued to work to identify and implement program and service enhancements that support Aging in Place.
- Provided leadership for the expansion to the Home Care program by provision of ongoing funding in support of enhanced home care service level and specialized supports (continued from 2012/2013 initiatives).
- Provided leadership and support to the regions for the New and Innovative Rehabilitation Project initiative for the development of targeted rehabilitation initiatives with the goal of deferring premature placement in PCH.
- Provided leadership and oversaw the development of Manitoba's Framework for Alzheimer's Disease and Other Dementias through a collaborative process with the establishment of a Development and Implementation Advisory Committee. The Framework outlines recommendations in five key areas that follow the 'responses to dementia' that people would experience in their dementia journey including: raising awareness and understanding; early recognition, initial assessment and diagnosis; management, care and support; end-of-life care; and, research and evaluation.
- Provided leadership in the development and implementation of a Dignity Study currently underway by the Manitoba Centre for Health Policy and the University of Manitoba, Faculty of Nursing within Manitoba's PCHs. Staff maintain an ongoing advisory role to support the work of the researchers. The study is aimed at improving resident care with a focus on resident driven care while maintaining safety, dignity, and compassion.
- Work continued towards licensing six (6) First Nations PCHs, on an interim basis, as announced in 2008. The communities involved in this initiative include:
    - Opaskwayak (Rod McGillivary Memorial Care Home in Northern region)
    - Sioux Valley (Dakota Oyate Lodge in Prairie Mountain Health region)
    - Sagkeeng (George M. Guimond Care Centre in Interlake-Eastern region)
    - Oxford House (George Colon Memorial Home in Northern region)
    - Fisher River (Ochekwi Sipi Personal Care Home in Interlake-Eastern region)
    - Peguis (Peguis Senior Centre in Interlake-Eastern region). Note: The current physical structure needs to be replaced as it cannot be upgraded to meet the requirements of the Design Guidelines for Long-Term Care Facilities. Work towards licensing this facility will follow the replacement of the building.
- Collaborated with the 3 regional health authorities impacted by this initiative—Northern Health Region, Interlake-Eastern Regional Health Authority (IERHA) and Prairie Mountain Health (PMH)—continued to provide education and support regarding the provincial PCH standards.

4. Relevant policies are reviewed and updated.
    - Collaborated with stakeholders on the ongoing review of policies related to continuing care.

5. Manitobans receive timely response to enquiries
    - Timely investigations and responses continue to be provided to verbal and written inquiries by the public, as well as media issues/expressions of concerns related to health care delivery within Manitoba.
    - This includes providing timely and appropriate information to individuals, within the boundaries of *The Personal Health Information Act (PHIA)* and the *Freedom of Information and Protection of Privacy Act (FIPPA)*, on individual and systemic health care enquiries, including referrals for services and appeal process information.
    - Contributed to value-for-money audit of Home Care, as initiated by the office of the Auditor General of Manitoba. Finalization of the audit is anticipated in the 2014/15 year.

5(d) Continuing Care

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,069	13.12	1,061	8	
Other Expenditures	142		146	(4)	
External Agencies	1,609		1,610	(1)	
Total Sub-Appropriation	**2,820**	**13.12**	**2,817**	**3**	

Acute, Tertiary and Specialty Care

The objectives were:

- To support the Minister of Health and lead the regional health authorities, undertake evidenced informed planning, planning and strategic direction setting to ensure the delivering of safe, high quality, efficient, effective, evidence-informed health services.
- Monitor and evaluate the acute care system's performance as it pertains to quality, safety, cost and service efficiency and effectiveness.
- To inform Manitobans and Manitoba Health, Healthy Living and Seniors about the quality, safety and utilization of, access to, and capacity of health services.
- To lead acute care quality improvement and innovation.

The expected and actual results for 2013/14 included:

1. Health authorities are in compliance with the critical incident reporting requirements of *The Regional Health Authorities Act and The Manitoba Evidence Act*.
   - 450 critical incidents were reported during 2013/14, 100 fewer events than the year previous.
   - Reviews of regional health authority/provincial organization critical incident reporting policies and procedures were undertaken to ensure consistency with MHHLS policy.
   - Developmental work to publicly share learning resulting from critical incident reviews that relate broadly to the health care delivery system was undertaken.
   - Follow-up of reporting related to critical incident reviews to ensure submission within legislated timelines as well as progress on recommendations arising from a critical incident review was undertaken.

2. A public report on the patient safety in Manitoba is released every two years.
   - Preparations are underway for the third biennial public report on patient safety in Manitoba, which is due for release in October 2014.

3. Health system partners and stakeholders are informed of emerging health issues, service gaps and the quality and safety of care.
   - Participated and/or led the following working groups:
     - The Manitoba Quality and Patient Safety Council, whose mandate is to determine and prioritize actions and plans to advance quality and patient safety within Manitoba.
     - The Manitoba Patient Safety Education Program (PSEP) Working Group, whose mandate is to work towards system integration of the Canadian Patient Safety Institute (CPSI) PSEP curriculum.
     - Unified Referral and Intake System Interdepartmental Committee, whose mandate is to support children needing assistance with health care procedures when in community programs and apart from families and caregivers.
     - Children's Therapy Initiative Interdepartmental Committee, whose mandate is to set common vision and direction for service provision and coordination of therapies, and collaboratively address region-specific therapy priorities in an effective and innovative manner.
     - Western Canadian Children's Heart Network Steering Committee, whose mandate is to coordinate and integrate care for pediatric cardiac patients and ensure access to the highest standard of pediatric cardiac care across the Western Canadian provinces.

   - Autism Interdepartmental Committee and the Autism Leadership Committee, whose mandate is to assist government and community stakeholders in planning for autism services and supports.
   - Specialized Services for Children and Youth Advisory Committee, whose mandate is to integrate and where possible, co-locate services for Manitoba children and youth with disabilities and special needs.
   - Manitoba Stroke Steering Committee, whose mandate is to implement the *Canadian Best Practice Recommendations for Stroke Care* that is collaborative and provincially integrated to ensure access for Manitobans to coordinated, efficient, and quality stroke prevention, treatment, rehabilitation, and integrated community services.
   - Health Innovation Network, whose mandate is to work together to identify and spread innovation.
   - Provincial Medical Device Reprocessing (MDR) working group, whose mandate is to develop and guide regional implementation of MDR services in alignment with national standards, including a review of infrastructure in MDR facilities.
   - In Sixty Colorectal Disease Site Group, whose mandate is to undertake activities to support an improved cancer journey for Manitoba Colorectal cancer patients.
   - Community Health Assessment Network (CHAN), whose mandate is to provide leadership and support for the RHAs in fulfilling the legislated requirement to develop a Community Health Assessment in a coordinated five year cycle. The CHAN also connects to participation in the Manitoba Center for Health Policy, Need to Know Team; Partners in Planning for Healthy Living including Adult Risk Factor Surveillance committee; and the Youth Health Survey Data Access Review Panel.
   - Specialized equipment committee, whose mandate is to review and approve RHA specialized equipment requests and determine equitable provincial allocation of resources.

- Undertook the following monitoring and reporting activities:
   - Monitored and posted Critical Incident Reports on the Manitoba Health, Healthy Living and Seniors Patient Safety website on a quarterly basis.
   - Monitored requirements to meet the recommendations for the Canadian Best Practices for stroke care, and continued the planned integrated stroke strategies to achieve improved patient outcomes jointly with the regional health authorities (RHAs).
   - Implemented Project 340 for stroke data and indicator collection throughout Manitoba.
   - Implemented the Manitoba Regional Stroke Services survey throughout the regional health authorities to determine progress towards meeting B*est Practices for Stroke Care Recommendations 2013*.
   - Monitored execution of Winnipeg emergency department wait times.
   - Review and prioritization of funding requests for specialized equipment by regional health authorities.
   - Review of the RHAs' health plans to ensure alignment with provincial health goals and needs of communities.
   - Monitored service interruptions in acute care, emergency department, and therapy services with information provided by RHAs, and ensured that appropriate contingency plans were available in the RHAs.
   - Initiated preliminary work to assess regional surgical capacity and resource utilization to support future analysis of its impact to access to services.
   - Monitored execution of RHA programs including: wait times for emergency department, surgical services, and diagnostic imaging; medical device reprocessing; inpatient and outpatient care.
   - Monitored annually approved additional endoscopy procedures for all RHA's, as per RHA quarterly submissions of actual regional volumes completed.
   - Continued monitoring of the implementation of the NOR-MAN Review Recommendations in 2013. Of the 44 recommendations, 26 are fully implemented, eight are on-going in nature, seven are in progress, and three of these rest with other jurisdictions.

4. New and expanded programs are implemented in accordance with government priorities.
   - Review and analysis of the Winnipeg Regional Health Authority (WRHA) Cardiac Sciences proposal to expand the Cardiac Care unit to support improved service delivery of cardiac care services.
   - Review of the WRHA bariatric surgery program expansion to determine alignment with program targets and deliverables.

- Review and analysis of a proposal to improve the health and quality of life for Manitobans living with spinal cord injury and related disabilities to support a $3 million cross-departmental initiative over a five year period starting in 2014/15
- Collaborated with the Winnipeg Regional Health Authority to develop the Cochlear Implant Speech Processor Replacement Program for children under the Communication Devices Program (CDP) at the Deer Lodge Centre.
- Collaborated with the WRHA to provide funding for specialty foods for adults living with Phenylketonuria (PKU) in Manitoba.
- Review and support of functional programming and operational requirements for a variety of capital projects, including: Women's Hospital Redevelopment project, redevelopment project for Flin Flon General Hospital Emergency Department, the Dauphin emergency room, and the Brandon medical bed expansion.
- Support of the Brandon Pain Clinic program development towards opening in 2014/15.

5. Manitobans receive timely response to enquiries.
    - Provided timely investigations and responses to public enquiries, media enquiries and the *Freedom of Information and Protection of Privacy Act* (FIPPA) inquiries of issues/expressions of concerns related to acute care services delivery within Manitoba.
    - Timely investigations and responses continue to be provided to verbal and written inquiries by the public, as well as media issues/expressions of concerns related to health care delivery within Manitoba.
    - This includes providing timely and appropriate information to individuals, within the boundaries of *The Personal Health Information Act (PHIA)* and the *Freedom of Information and Protection of Privacy Act (FIPPA)*, on individual and systemic health care enquiries, including referrals for services and appeal process information.

6. Current programs are executed in accordance with established plans and authorities.
    - Held a follow-up education session, jointly with the regional health authorities (RHAs), Manitoba Institute for Patient Safety and Health Insurance Reciprocal of Canada, for Manitoba's Patient Safety Education Program (PSEP) trainers to share regional successes and lessons learned.
    - Provided ongoing leadership and support to develop Telestroke services to the residents of Northern Manitoba, enabling access to stroke neurologists and emergency treatment of stroke.
    - Commenced planning for implementation of the Universal Newborn Hearing Screening Act which comes into effect on September, 2016. The Act requires application of hearing screening and diagnostic assessments of newborns in a hospital or in a public audiology centre.
    - Provided direction to address wait times in emergency department, surgical services, and diagnostic imaging through involvement in a regional wait times committee; provided leadership and policy direction to inter-regional working group on medical device reprocessing.
    - Developed and implemented a Policy and Program Priority Modeling tool to enable a more efficient annual review and approval process for rural and northern RHAs specialized equipment requests, and to ensure alignment with Manitoba Health, Healthy Living and Seniors priorities.
    - Established a working group of the Provincial Medical Leadership Committee to assess existing acute care and emergency department access issues (particularly in rural Manitoba) and recommend provincial models to promote efficient and equitable quality access throughout Manitoba.

7. The community health assessment process is provincially coordinated and consistent.
    - Provided leadership to the Community Health Assessment Network in planning the fourth cycle of Community Health Assessment (CHA); determining how to apply an equity lens to CHA reporting.
    - Completed CHA indicator selection, and determined a source for data production on each core CHA indicator.
    - On-going monitoring of data production and dissemination to RHAs.
    - Selected provincial content for the Canadian Community Health Survey.
    - Evaluated recommendations approved and implemented.
    - Monitored CHA process for consistency and timeliness.

8. Provincial policy and direction enables consistent service delivery and standards province wide.
    - Provided direction regarding consolidation of ultraviolet phototherapy services in Winnipeg from five sites to one/two sites in order to facilitate efficient and cost effective access to services.
    - Developed provincial policies to support consistent adherence to national standards for medical device reprocessing.

9. Regional health authorities are in compliance with *The Regional Health Authorities Act* and the associated regulations and guidelines.
    - Informed the Ministerial guidelines for Local Health Involvement Groups (LHIGs). All regions have submitted plans based on these requirements, and regional health authorities (RHAs) are collaborating on consistent methods and tools to support their LHIGs once those are in operation.
    - Developed a Manitoba Accreditation Provincial Standards Set with engagement of RHAs in a current state analysis of RHA site assessment. All RHAs and agencies are operating according to the accreditation legislation and guidelines.
    - Participated in rural regional health authority (RHA) board and leadership meetings to coordinate and develop effective and collaborative working relationships and ensure regional alignment with provincial policies, priorities and objectives.

10. Data is available for program and policy planning.
    - Utilized regional health authority (RHA) birth services data to inform the planning of implementation of the Universal Newborn Hearing Screening Act, coming into effect in September 2016.
    - Participated in a pilot with British Columbia, Alberta and Saskatchewan to inform a national dataset for Multiple Sclerosis (MS). Manitoba, along with Alberta and Saskatchewan is now submitting clinical and patient collected information on MS to the Canadian Institute for Health Information.
    - Provided monthly wait time information for 11 diagnostic, surgical and cancer procedures to the public via the provincial wait times web site.
    - Provided monthly wait time and wait list information for 22 adult and 15 pediatric surgical and medical specialties, totaling over 400 pages of reports, to program leads and RHA management. Also provided quarterly and annual reports to programs and services as requested.
    - Developed and implemented a departmental database and reporting process to capture acute care service interruptions.
    - Initiated regional consultation to track surgical service capacity.
    - Supported RHAs in establishing appropriate data collection and reporting methods for surgical services, diagnostic imaging, and pain clinic services.

11. Implementation of Patient Access Registry and eBooking tools throughout Manitoba.
    - Redevelopment of the Patient Access Registry Tool (PART)/eBooking application to accommodate implementation in the rural and northern regional health authorities (RHAs) began in March 2013, with targeted completion in December 2013, but was delayed and is now anticipated in August 2014. Supported Manitoba eHealth in establishing and testing requirements based on user feedback.
    - Formally communicated the Patient Access Data Submission Policy to RHA management in December 2013, requiring RHA management ensure surgeons and specialists collect and submit timely and accurate data on publicly funded medical and surgical services to PART.

12. Integration of the eReferral system with Manitoba-approved electronic medical records (EMR).
    - Supported continued utilization of the web-based eReferral & Consultation platform by primary-care providers who are not yet using an EMR, or are not one of the two test sites where eReferral & Consultation is integrated into one of three provincially approved EMR systems.
    - Continued support to Manitoba eHealth following transfer of responsibility for technical support and implementation of the eReferral & Consultation project.

13. Increased health system capacity to apply quality improvement processes through training of 200+ health system staff throughout Manitoba.
    - Trained 48 health care staff as Green Belts or Black Belts able to lead Lean Six Sigma quality improvement projects. Achieved over $11 million dollars in reinvestment, and over 362,000 fewer patient wait days. Examples of projects include:
        - Reduced overall length of stay for patients in Medical Rehabilitation

  - Reduced wait times for patients entering Long-Term Care, Diagnostic Services and cancer treatments
  - Improved patient safety by improving medication reconciliation on discharge
  - Improved material and supply ordering and inventory stocking processes
  - Improved increased efficiency and processing of lab specimens
- Trained 50 hospital staff (including some leadership) to support implementation of Releasing Time to Care (RTC), and four Manitoba RTC Trainers to support RTC training capacity in the province.

14. Implementation of an additional 40 Lean Six Sigma improvement initiatives.
    - Projects are underway in all regional health authorities and health care organizations focused on increasing efficiency of health services, improving access and reducing wait times for services, and reducing costs. Examples of current projects include:
      - Reducing wait time for colonoscopy and colorectal surgery
      - Improving the referral process for cancer patient diagnostic and treatment services
      - Improving emergency room patient flow, wait times and bed utilization
      - Improving wait times for patients entering personal care homes, accessing mental health and Fetal Alcohol Spectrum Disorder services.
      - Improving hospital discharge processes
      - Improving staff recruitment and retention and human resource processes

15. Expansion of 10 additional Releasing Time to Care sites.
    - Enabled expansion of 19 additional Releasing Time to Care (RTC) sites:
      - Supported capacity building for a Winnipeg Regional Health Authority hospital to organize their own Trainer training for 11 wards.
      - Completed province wide training for another eight wards.

5(e) Acute, Tertiary and Specialty Care

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,037	32.50	2,419	(382)	1
Other Expenditures	581		749	(168)	
External Agencies	140		141	(1)	
Total Sub-Appropriation	**2,758**	**32.50**	**3,309**	**(551)**	

Explanation Number:

1. Primarily due to miscellaneous salary under-expenditures.

Chief Provincial Psychiatrist

The Office of the Chief Provincial Psychiatrist is responsible for carrying out required statutory and non-statutory functions, in order to protect the health and well-being, and to promote the improved mental health status of Manitobans.

The objectives were:

- To carry out required statutory and non-statutory functions by administering *The Mental Health Act* and the Orders of Committeeship program, providing professional consultation to the health care system, and promoting the recruitment and retention of psychiatrists in the province, in order to promote the health and well-being and to optimize the mental health status of Manitobans.

The expected and actual results for 2013/2014 included:

1. Preservation of patients' rights under *The Mental Health Act*.
   - Continued to promote effective operation of *The Mental Health Act and Regulations*.
   - Responded to numerous enquiries regarding interpretation and practical application of *The Mental Health Act*.

- Consulted as required with the department's Legislative Unit and Manitoba Justice Civil Legal Services to assist in the proper interpretation and application of *The Mental Health Act and Regulations*.

2. Interpretation and application of *The Mental Health Act*.
   - Offered and provided educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies regarding *The Mental Health Act*.
   - Consistently implemented the department policy entitled "Order of Committeeship Issued by the Director of Psychiatric Services," setting out the policies and procedures followed by the Office of the Chief Provincial Psychiatrist in managing the Orders of Committeeship Program.

3. Issuance of new Orders of Committeeship and Authorizations of Transfer, and cancellation of previous Orders of Committeeship.
   - Processed 347 Certificates of Incapacity applying for Orders of Committeeship and issued 306 new Orders of Committeeship appointing The Public Trustee of Manitoba as committee of the person's property and personal care.
   - Cancelled 17 previous Orders of Committeeship.
   - Issued 46 Authorizations of Transfer approving the transfer of patients between psychiatric facilities within and outside of Manitoba.
   - Pursuant to the Order of Committeeship policy, provided an interview with the Director of Psychiatric Services to persons who submitted a written objection to the Notice of Intent to issue an Order of Committeeship, prior to the appointment of the Public Trustee as committee.
   - Maintained required working liaison with the Office of The Public Trustee of Manitoba in order to facilitate proper administration of the Orders of Committeeship Program.

4. Enhanced recruitment and retention of psychiatrists for under-serviced areas of Manitoba.
   - Five specialists in psychiatry, who successfully completed their periods of enrollment in the Career Program in Psychiatry, continued to fulfill their return of service commitments in areas of need in Manitoba.
   - Two University of Manitoba residents in the specialty of psychiatry participated in the Career Program in Psychiatry, accruing return of service commitments in areas of need in Manitoba.
   - Provided consultation and advice to relevant agencies regarding the recruitment and retention of psychiatrists in Manitoba.

5. Consultative liaison with RHAs and other sectors of the health care system.
   - Maintained relevant linkages and appropriate consultation with the regional health authorities regarding various aspects of the mental health system.
   - Provided professional consultation, liaison and advice regarding mental health practice, programming and policy, and the statutory implications of *The Mental Health Act,* to clients, stakeholders and various sectors of the health system.

6. Tracking of the Orders of Committeeship program and the regulated Forms under *The Mental Health Act*.
   - Continued data entry for the computer databases for *The Mental Health Act* and the Orders of Committeeship Program.
   - Additional computer databases were operational for selected data analysis during the year.

5(f) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	484	2.40	447	37	
Other Expenditures	43		60	(17)	
Total Sub-Appropriation	**527**	**2.40**	**507**	**20**	

Office of the Chief Provincial Public Health Officer

The overall goal of the Office of the Chief Provincial Public Health Officer (CPPHO) is to provide coordinated and integrated public health leadership to the public health services and programs at the regional and provincial levels. The major areas of focus include health promotion and protection for the identification, prevention and control of diseases that affect population health overall, and health inequities that affect our Province's most vulnerable population groups. The efforts of the Public Health Branch aim to assist government, the community and health professionals in the planning and response to public health issues and emergencies.

The objectives were:

- To monitor and report on the health status of Manitobans.
- To support government departments to improve the overall health of Manitobans and reduce health inequities.
- To take appropriate action consistent with the powers and responsibilities described for the Chief Provincial Public Health Officer (CPPHO) in *The Public Health Act*.
- To advance public health knowledge and capacity.

The expected and actual results for 2013/14 included:

1. Structures and processes that contribute to addressing the priority issues raised in the CPPHO *Priorities for Prevention* report 2010 are built on and supported.
    - A Health Status indicator has been introduced. This allows for the gathering of information on identifying the Department's work in improving the health status of Manitobans.
2. Capacity is being expanded through the integration of health equity tools in government and a set of indicators has been developed as part of a health equity surveillance system for Manitoba.
    - Co-hosted a knowledge translation forum on the social determinants of health and health equity in partnership with the National Collaborating Centre for Determinants of Health, the Public Health Agency of Canada, and the Manitoba Public Health Association. The forum's Executive Summary and subsequent developments are captured in NCCDH's blog at http://nccdh.ca/blog/entry/recent-health-equity-developments-in-manitoba.
    - Undertook a review of health equity tools. It is hoped that one health equity tool could address multiple purposes. For example, application and implement of poverty tools for use in primary health care/clinical practise is underway.
    - In July 2013, the Office of the CPPHO was integrated into the Public Health Branch and a Population Health & Health Equity Unit was established in order to support this work. The Unit is staffed by existing positions from the former Office of the CPPHO.
    - Introduced the concept of implementing a Health in All Policies (HiAP) approach in Manitoba with colleagues from various MHHLS divisions, other departments and central government (e.g. Child & Youth Opportunities, Healthy Child Committee of Cabinet). This approach was the top idea from the June 2013 forum.

3. The Department and Minister of Health are informed in a timely and clear manner about important public health issues.
    - Regular communications and as needed communications occur between the CPPHO and both the Deputy Minister of Health, Healthy Living and Seniors and the Minister of Health.

4. Students/residents are provided educational experiences in the Office of the CPPHO to further their education in community health sciences and public health practice.
    - Three Public Health and Preventive Medicine medical residents completed rotations with the CPPHO, in collaboration with the Public Health Branch.
    - The CPPHO has established and taken the lead on a one-day orientation to Public Health Practice for all third year undergraduate students in their Family Medicine rotation. The sessions incorporate presentations by other branches in the department to give students a broad overview of public health practice within government. The CPPHO and/or Deputy CPPHO participate on University of Manitoba, Faculty of Medicine committees to explore and enhance educational experiences for medical students/residents at both the undergraduate and postgraduate levels.

5. Collaborative work is occurring on applied research projects and multi-jurisdictional public health initiatives.
    - Collaboration with the Mental Health and Spiritual Health Care Branch via the Healthy Child

Committee of Cabinet to implement the Province's *Rising to the Challenge: A strategic plan for the mental health and well-being of Manitobans*. This would include consideration of mental health and equity as key tenets across the department and across all provincial departments, to the extent that policies implicate the social, economic and environmental determinants of health.

- Participated with Healthy Living and Seniors Division on a housing first approach for homeless/under-housed persons with complex needs (At Home/Chez Soi).

6(a) Office of the Chief Provincial Public Health Officer

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	737	8.00	1,144	(407)	1
Other Expenditures	683		347	336	
Total Sub-Appropriation	**1,420**	**8.00**	**1,491**	**(71)**	

Explanation Number:

1. Primarily due to miscellaneous salary under-expenditures.

Healthy Living and Healthy Populations

(Formerly sub-appropriation 34-2A)

The objectives were:

- To advance and support strategic partnerships and evidence-based policies and programs that reduce health inequities and assist all Manitobans to lead the healthiest lives possible.

The expected and actual results for 2013/14 included:

1. Healthy Workplaces Campaign will be launched with participation pledges from businesses and will include an increase in *In Motion* activities and the use of Health e-Plan by workplaces.
    - The campaign was launched on November 29, entitled "Wellness Works. Great staff. Great workplaces. Great results." The Government of Manitoba, as an employer, committed to participating in the campaign with three pledges: flu prevention, work-life balance, and tobacco cessation; and implementation work is underway. By March 31 2014, 36 employers had signed on to the campaign in addition to the Government of Manitoba and the Manitoba Chambers of Commerce.
    - In preparation for the launch, materials were developed for participating employers to identify their workplace as a healthy one, and for local Chambers of Commerce to promote the campaign in their communities. Materials such as Eat Smart, Meet Smart and *In Motion* were also supplied to participants as information and employers were encouraged to engage their staff in setting wellness priorities. The health e-plan pilot has been completed and the information gleaned from the pilot will assist future consideration of tools to assist workplaces to implement Wellness Works.

2. Program development for nutrition labeling in chain restaurants, and increased number of schools and day cares with school nutrition programs.
    - In September 2013, Manitoba became the first jurisdiction outside of British Columbia to announce the Informed Dining (ID) program for national chain restaurants. The ID program is a successful model for nutrition labelling in restaurants developed and implemented in British Columbia with the support of Restaurants Canada. Participating restaurants complete a menu analysis and provide nutrition information including calories, sodium, and 13 core nutrients to inform customers at the point of purchase. Six national restaurant chains which are currently part of the ID program in British Columbia have rolled out in Manitoba.
    - 175 schools participated in breakfast, snack and lunch programs, reaching 17,000 students. 38 after-school sites participated in the Vegetable and Fruit Snack pilot program. Healthy Living and Healthy Populations provided funding to the Child Nutrition Council of Manitoba toward support of these nourishment programs. These figures vary slightly lower from 2012-13 year; the profile of applicants for school nourishment program funding changes each year as some schools drop out, or find alternative funding, and new schools apply. Work has begun to determine nutritional programming that would support child care centres.

- 430 schools and child care centres participated in the Farm to School Manitoba Healthy Choices Fundraiser that combines promoting consumption of healthy Manitoba produce, healthy eating awareness and education, and raising funds for school and day care programs. 790,000lbs of Manitoba vegetables were sold, with schools and daycares earning $414,000. Healthy Living and Healthy Populations contributed funding toward promotion and implementation of the program by project partners: Peak of the Market and the Manitoba Association of Home Economists. Program participation was similar to the preceding year; the program remains highly popular.

3. Increased awareness of the use of helmets and booster seats in Manitoba.
   - An 8 week multi-faceted bicycle helmet legislation campaign was launched on April 19, 2013. The campaign included: educational brochures, mall posters and print, online, radio, transit shelter and interior transit advertisements.
   - The Low Cost Bicycle Helmet Initiative was delivered to schools and child care centres for the 9th consecutive year. Over 7,200 helmets were ordered including nearly 900 no cost helmets to children of families with financial barriers.
   - The rural Manitoba bicycle helmet observation study demonstrated significant increases in helmet use. Helmet wearing rates among children and youth cyclists in Winnipeg improved from 31% in 2012 to 61% in 2013; and in Rural Manitoba, improved from 44% in 2012 to 78% in 2013. These increases reflect the positive effect on the number of cyclists choosing to wear helmets in Manitoba in light of the bicycle helmet legislation.
   - In partnership with Manitoba Public Insurance, a 4 week booster seat legislation campaign was launched on July 22, 2013. The campaign included: educational brochures and online and print advertisements.

4. A revised Healthy Sexuality Action Plan.
   - A series of activities have been undertaken in the process to revise the Healthy Sexuality Action Plan:
     - the development of an outline document aimed to assist with identifying key priorities, populations and activities
     - development, dissemination and collection of a provincial Sexual Health Scan survey
     - cross-referencing other provincial strategies to identify natural synergies and inform next steps; and
     - consulting with federal, provincial, regional and community partners regarding current sexual health issues and priorities.
   - In partnership with the Public Health Branch, Healthy Living and Healthy Populations has completed the development of a strategy to address sexually transmitted and blood borne infections which will also be reflected in the Healthy Sexuality Action Plan.

5. Increase in the number of community projects designed and implemented to address chronic disease risk factors.
   - Healthy Together Now (HTN), the community based chronic disease prevention program, increased the number of community projects that were designed to address chronic disease prevention: 509 community projects promoted physical activity, healthy eating, smoking reduction and mental well-being across Manitoba. This is an increase of 11% over the previous year's 456 projects.
   - The branch held a Share & Learn Forum in Winnipeg that brought together community, regional, provincial and other partners. The Forum offered participants an opportunity to learn, network, and share best practices.

6. Continued engagement and collaboration with school divisions, schools and other partners in Manitoba's Healthy Schools Initiative.
   - Facilitated annual funding through the *Healthy Schools Grant* to school divisions, independent and First Nations schools as they work together with their community partners (including local regional health authorities) to build healthy school communities.
   - Through Manitoba Education and Advanced Learning's Categorical Grant Funding and Reporting Process, Healthy Schools staff visited one third of Manitoba school divisions to review the Healthy Schools Grant reports and discuss accomplishments and future plans.
   - The Healthy Schools Initiative promotes active and safe routes to schools for health benefits and for the environment. Through Healthy Schools, the department provided funding to support programs and projects for before and after school. The *Active and Safe Routes to School Program* and the *After the School Bell Rings Project* target children, families, and schools to

encourage active travel to and from school, and support school divisions and schools in the area of school travel planning.

- The Healthy Schools Initiative promotes six priority health topics which are found in the Manitoba Physical Education/Health Education Curriculum. Through Healthy Schools, the department provided funding to the Manitoba Physical Education Teachers' Association to support initiatives aimed at promoting physically active and healthy lifestyles throughout Manitoba schools.
- Healthy Schools offered two physical literacy workshops for teachers which focused on the Healthy Schools *In Motion* Recess and Physical Literacy Toolkits. These toolkits support the promotion and provision of physical activity in schools; research shows that without the development of physical literacy, many children/youth withdraw from physical activity and turn to inactive and/or unhealthy choices during leisure time.

7. Information, support and resources are made available to Manitobans to prevent and/or mitigate bed bugs.
    - A toll free bed bug public inquiry and information line and email provide information, education, support and assistance to Manitobans as well as out-of-province enquiries; statistics for 2013-14 are as follows:

Winnipeg phone enquiries	Total 1493 (average 129/month)
Outside Winnipeg phone enquiries	Total 119 (average 11/month)
E-Mail enquiries	Total 402 (average 39/month)

- More than 60 presentations and educational workshops were conducted and 1,500 people attended. Recipient organizations ranged from private businesses operating in homes to daycares.
- Awareness campaigns and information resources focusing on education, prevention and treatment continue to be developed, customized for different populations and delivered throughout the province.
- In 2013-14 approximately 11,055 print educational resources have been requested through the provincial bed bug hotline. These resources included booklets, posters, information kits, guides, hotel cards, magnets etc. that were distributed to various government departments, non-profit community organizations, businesses, and child care centres to provide information to address bed bug issues.

7(a) Healthy Living and Healthy Populations

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,215	13.00	1,281	(66)	
Other Expenditures	1,867		2,282	(415)	1
External Agencies	2,534		2,654	(120)	
Total Sub-Appropriation	**5,616**	**13.00**	**6,217**	**(601)**	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

Seniors and Healthy Aging Secretariat

(Formerly sub-appropriation 34-2B)

The objectives were:

- To maintain or improve the quality of life of Manitoba seniors through supportive and accessible environments and responsive programs and services.
- To improve safety and security, and support seniors in leading active, socially engaged, independent lives that contribute to healthy aging.
- To improve communication with the public, including access to information.
- To provide administrative and research support to the Manitoba Council on Aging (MCA).

The expected and actual results for 2013/14 included:

1. Provincial policies and programs that better reflect the needs of seniors and take into account the best practices from across the country.
    - Provided extensive research and administrative support to the Manitoba Council on Aging.
    - Provided extensive administrative and research support to the Caregiver Advisory Council.
    - Consulted across all levels of government on issues related to seniors, including accessibility; ageism; community support services to seniors; the role of elders in early childhood development; employment, older workers and retirement; falls prevention; homelessness and housing; intergenerational relationships; mental health; persons in care; scooter safety; and violence prevention.
    - Liaised with Federal/Provincial/Territorial seniors' officials regarding inter-jurisdictional seniors' issues, and participated in joint initiatives such as the Aging in Place, Access to Information through Technology, and Elder Abuse working groups.
    - Supported the Police Academy program and SafetyAid which provided 498 home safety and falls prevention audits and offered supplies free of charge in 415 of these homes.

2. Increased age-friendly communities, in design and with responsive programs and services.
    - There are now a total of 100 communities across Manitoba that have been educated on the process of becoming age friendly, as a result of 14 more communities joining the Age Friendly Manitoba Initiative in 2013.
    - 10 new communities achieved the Age-Friendly Milestones, which brought the total number of communities that have committed to becoming age-friendly to 16.
    - An age-friendly video was launched in 2013 to document and build awareness about Manitoba's age-friendly successes.
    - Entered into service purchase agreements with the Aboriginal Seniors Resource Centre, Inc., A&O Support Services, Creative Retirement Manitoba, La Fédération des aînés franco-manitobains, the Manitoba Association of Multipurpose Seniors Centres, the Transportation Options Network for Seniors, and the University of Manitoba, Centre on Aging to engage in age-friendly initiatives.

3. Increased access to health promotion programs; fostering of positive, respectful intergenerational relationships; enhanced awareness of elder abuse and support services to prevent and intervene in situations of abuse; and increased awareness of government and community services for seniors.
    - The Active Living Coalition for Older Adults Manitoba was a key partner in fostering senior leadership through a peer-led speakers bureau and in providing information to improve and maintain the health and well-being of older Manitobans in such areas as falls prevention, nutrition and active living, and in hosting events such as Active Aging Week and the Manitoba 55 Plus Games where approximately 1000 older adults participate and model healthy active aging.
    - Seniors' & Elders' Month was proclaimed as a way of fostering positive intergenerational relationships and demonstrating respect for and celebrating the accomplishments of Manitoba seniors. The kick-off celebration had over 900 older adults attend in 2013.
    - Over 100 World Elder Abuse Awareness Day events were held throughout Manitoba in June, 2013, and Seniors and Healthy Aging Secretariat (SHAS) invested in the development of a World Elder Abuse Awareness Day Manitoba web-site to provide information and awareness about ideas, plans, events and resources.
    - The Seniors Information Line/Website provided a central source of information, referral and supportive consultation to seniors, their families and senior serving organizations on programs and services throughout Manitoba, with 2,064 telephone inquiries and distributing 14,956 publications from April 2013 to March 2014. As a result of revisions increasing user friendliness and accessibility along with a brief marketing campaign, SHAS received 2122 telephone enquiries and distributed 5387 copies of the Manitoba Seniors Guide within a six week period.

4. Increased awareness of the contributions of Manitoba's informal and/or family caregivers, and increased informational resources for caregivers.
    - Provided leadership and conducted key activities regarding the implementation of the *Caregiver Recognition Act*.
    - Manitoba celebrated the second Caregiver Recognition Day to empower employed caregivers with information on programs and services.
    - The Caregiver Advisory Committee hosted a Roundtable with caregivers and caregiver organizations to discuss issues and identify collaborative opportunities.

- As mandated by the *Caregiver Recognition Act*, the first Report highlighting accomplishments to date was released in 2013.
- As co-chair of the Federal/Provincial/Territorial Ministers Responsible for Seniors' Working Group on Older Workers and Caregiving, exploring ways to increase awareness among employers on the challenges faced by employed caregivers and identify ways to foster caregiver friendly workplaces.

7(b) Seniors and Healthy Aging Secretariat

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	763	10.00	736	27	
Other Expenditures	205		256	(51)	
External Agencies	727		730	(3)	
Total Sub-Appropriation	**1,695**	**10.00**	**1,722**	**(27)**	

Mental Health and Spiritual Health

(Formerly sub-appropriation 34-2C)

The objectives were:

- To provide direction and support toward innovation, evidence-based practice and accountability in the mental health system and spiritual health care system in Manitoba, and to reduce health disparities and advance mental wellness.

The expected and actual results for 2013/14 included:

1. A strengthened integrated and coordinated model of mental health promotion, prevention, support and treatment for Manitobans, in partnership and collaboration with people with personal experience, family members, service providers and other partners.
   - Supporting the new Winnipeg-based Mental Health Crisis Response Centre which opened in June 2013 through $12.3 million in funding.
   - Increasing access to eating disorders services with over $479,000 in funding including expanding the Adult Eating Disorders Intensive Day Program at Health Sciences Centre and the Provincial Eating Disorder Prevention and Recovery Program. The expansion has led to reduced wait times for Manitobans in need of help for disordered eating/eating disorders.
   - Partnering with the Winnipeg Regional Health Authority through funding of $295,000 to develop a provincial evidence-based online navigation tool for children and youth.
   - Supporting instructor training for an additional 17 school-based staff members in *Mental Health First Aid: for Adults who Interact with Youth* through one-time funding of $70,000.

2. Strong collaboration with a diverse range of stakeholders in policy and program development and in the implementation of provincial strategies.
   - As part of ongoing work related to implementation of Manitoba's provincial strategic plan, *Rising to the Challenge*, the Mental Health and Spiritual Health Care Branch began a process to review and implement recommendations related to recovery-oriented systems, services and practices.
   - In collaboration with the Healthy Child Manitoba Office, work began on the development of a framework to map out a comprehensive, evidence-based plan in the area of child and youth mental health in Manitoba.
   - Partnered with the University of Manitoba and the federal government in funding an evaluation of the Applied Suicide Intervention Skills Training program in terms of its efficacy for Manitoba's First Nations peoples.
   - Sponsored and participated in knowledge transfer and education opportunities:
     - The Canadian Mental Health Association - Winnipeg/Manitoba Chamber of Commerce Mental Health Week events, May 2013
     - National Schizophrenia and Psychosis Awareness Day, May 2013
     - The Schizophrenia Society of Canada National Conference, September 2013
     - The Psychosocial Rehabilitation/Réhabilitation psychosociale Canada National Conference, October 2013

   - The Canadian Association for Suicide Prevention National Conference, October 2013

3. Evidence-based policies for the health sector that reflect concerns of priority populations.
   - Collaborated with partners to enhance workplace mental health through The National Standard of Canada for Psychological Health and Safety in the Workplace.
   - Planned, with Ontario, a Leadership in Workplace Mental Health forum for provincial and territorial Ministers whose portfolios link to workplace mental health, as well as business and non-profit leaders from across Canada, many of whom are recognized for their accomplishments in the area of workplace mental health. The event highlighted successful initiatives, identified leadership factors that produce positive outcomes, increased awareness about academic research on workplace mental health, and encouraged employers to champion mental health within their respective sectors.
   - Supported the development of a campus mental health strategy for the University of Manitoba.

4. Program excellence and fiscal accountability of provincially-funded mental health programs and services.
   - To ensure strong service delivery and fiscal accountability, the department continued working with mental health agencies contracted through Service Purchase Agreements to provide mental health programs and services to Manitobans, such as peer support and public education.

5. Improved access to mental health services for youth with a focus on Aboriginal youth.
   - In collaboration with regional health authorities and other external stakeholders, the Branch completed its fifth full year of implementation of the initiatives of the Youth Suicide Prevention Strategy with a focus on Aboriginal youth.
   - Planning continued for the construction of the Northern Youth Crisis Facility in the Northern Health Region to provide a six-bed facility for youth experiencing a mental health crisis or who are in need of stabilization under the *Youth Addictions (Support for Parents) Stabilization Act*.

6. Enhanced protective factors and reduced modifiable risk factors with respect to suicide prevention.
   - Co-led the Provincial Suicide Prevention Leadership Committee, an interdepartmental committee aimed at reducing suicide among adults and older adults through policy and program recommendations.

7. Strengthened understanding of the purpose and direction of spiritual health care within the health care system.
   - A new Provincial Spiritual Health Care Coordinator was hired in August to fill the vacancy resulting from retirement of the former Coordinator.
   - Began preparations to develop recommendations for priority actions for an implementation plan for the Provincial Spiritual Health Care Strategic Plan.

8. Continued enhancement of practice in relation to co-occurring mental health and substance use disorders within regional health authorities and provincially-funded mental health services and programs.
   - Hosted a co-occurring mental health and substance use disorders Visioning Day, and developing a renewed provincial Leadership Team. The Leadership Team is developing recommendations to enhance evidence-based treatment with a focus on complex needs, training and education, and integrated treatment for affected Manitobans.

9. Continued coordination of service provider systems to implement the Workforce Resiliency Framework including integrating psychosocial considerations into broader emergency management planning.
   - Continued the development of a planning and process structure to improve communication and coordination strategies amongst partners for all hazards and to integrate psychosocial considerations into the broader emergency management system.
   - The department advanced work to determine appropriate psychosocial training needs for people who provide front-line services during emergencies or disasters.

7(c) Mental Health and Spiritual Health

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	708	9.00	701	7	
Other Expenditures	1,665		2,063	(398)	1
External Agencies	2,405		2,434	(29)	
Total Sub-Appropriation	**4,778**	**9.00**	**5,198**	**(420)**	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

Tobacco Control and Cessation

(Formerly sub-appropriation 34-2D)

The objectives were:

- To further reduce tobacco use by Manitobans, by implementing measures aimed at preventing youth from starting to smoke, protecting non-smokers from exposure to second-hand smoke, helping smokers quit, and denormalizing tobacco use.

The expected and actual results for 2013/14 included:

1. Continuation of the 'Quit and Win' contest to help Manitobans successfully quit smoking.
   - The 'Quit and Win' contest was held in 2013/14.

2. Continued enforcement of the provisions in *The Non-Smokers Health Protection Act* prohibiting the supply of tobacco products to minors, and restricting the display, advertising and promotion of tobacco and tobacco-related products, and, effective May 31, 2013, enforcement of new provisions prohibiting the supply of tobacco products from pharmacies, stores containing a pharmacy, health care facilities and vending machines.
   - *The Non-Smokers Health Protection Act* was actively enforced in 2013/14, including the new provisions prohibiting the supply of tobacco products from pharmacies, stores containing a pharmacy, health care facilities and vending machines.

3. Enhancement of the Review, Rate and Create program for students in Grades 5-12 which will include reviewing the best anti-smoking ads in the world and creating their own messaging using storyboards.
   - The Review, Rate and Create program was sent to 800 schools in 2013/14. 243 schools responded with the development of storyboards.

4. Expansion of the Students Working Against Tobacco (SWAT) teams in Manitoba schools.
   - SWAT teams were expanded to 50 in 2013/14.

5. Expansion of the school-based teen smoking cessation program, Not On Tobacco (NOT), to focus on Aboriginal schools and teens outside the school system.
   - The NOT program expanded to focus on First Nation schools and organizations, including reaching teens not attending traditional school settings.

6. Continued support for the 1-800 Smokers' Helpline in partnership with Health Canada and the Canadian Cancer Society to offer professional smoking cessation counseling to anyone who calls or registers on-line.
   - Continued to support the 1-800 Smokers Helpline in 2013/14 with 1,500 Manitobans accessing the service and receiving support with smoking cessation.

7. Continuation of a project with the Manitoba Tobacco Reduction Alliance (MANTRA) to provide cessation counseling training and other supports to workplaces interested in helping employees quit. Additionally, provide the same support organizations working with vulnerable people, such as those living with a mental illness or addictions.

- Continued to fund MANTRA in support of smoking cessation counseling training for workplaces to assist employees with quitting. Additionally, MANTRA was engaged to begin supporting provincial employees with cessation through the new 'Wellness Works' initiative underway.

8. Continued support to regional health authorities for hospital and community-based smoking cessation projects.
   - Funding continued to be provided to the RHAs for tobacco use reductions initiatives in 2013/14.

9. Partnership with the Manitoba Pharmaceutical Association to train pharmacists in brief intervention counseling to support smoking cessation of their customers.
   - Funding was provided to the Manitoba Pharmaceutical Association for a one year pilot project to measure effectiveness of brief intervention counseling by pharmacists with their customers.

7(d) Tobacco Control and Cessation

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	327	3.00	245	82	
Other Expenditures	977		821	156	
External Agencies	166		166	-	
Total Sub-Appropriation	**1,470**	**3.00**	**1,232**	**238**	

Addictions Policy and Support

(Formerly sub-appropriation 34-2E)

The objectives were:

- Addictions Policy and Support, through the implementation of "Breaking the Chains of Addictions", Manitoba's Five-Point Strategic Plan, provides leadership, support and direction to the addictions system in Manitoba.

- The objectives are to work collaboratively with the addictions programs and service providers to:
  - develop efficient and effective strategies and policies across a continuum from prevention to tertiary care;
  - provide information, advice and recommendations that support effective planning and decision making;
  - identify emerging issues, best practices and evidence-informed programming to assist with service development and strategic planning; and
  - develop and support practices that enhance system accountability.

The expected and actual results for 2013/14 included:

1. An integrated, accessible, efficient and effective continuum of services to meet the needs of Manitobans struggling with addiction, substance abuse and problematic gambling.
   - Completed development, piloting, and evaluation of the central intake and screening service.
   - Developed and piloted a performance measurement tool with adult residential addictions programs.
   - Significant work related to the development of a multi-service addictions facility to assist with collaboration and integration at multiple points along the continuum of services.

2. Increased capacity in addictions residential treatment programs, community-based treatment programs and continuing care.
   - Ongoing development of data collections capacity within the addictions services system.
   - Provided funding to support Knowledge Exchange events for addictions service providers to increase collaboration, and share information on evidence-based practices in the addictions field.
   - Provided funding and support to transition 6 treatment beds to non-medical withdrawal management beds in northern Manitoba.

3. A responsive and flexible system that improves Manitobans' access to addictions, substance abuse and problematic gambling services in Manitoba.
   - A centralized Intake and Screening service was piloted.
   - Conducted an addictions services system navigation survey to evaluate navigation processes and ease of access for external system stakeholders.

4. Existence of evidence-based policies and programming throughout all levels of addictions, substance abuse and problem gambling services.
   - Completed site visits and program reviews with addictions service providers.
   - Linked services providers with the new Knowledge Exchange hub to assist with new, better and emerging practices.

7(e) Addictions Policy and Support

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	336	3.00	457	(121)	
Other Expenditures	479		665	(186)	
External Agencies	6,627		6,838	(211)	
Total Sub-Appropriation	**7,442**	**3.00**	**7,960**	**(518)**	

Addictions Foundation of Manitoba

(Formerly sub-appropriation 34-4)

The objectives were:

- The Addictions Foundation of Manitoba (AFM) operates in accordance with *The Addictions Foundation Act*. AFM is governed by a board of governors, who are appointed through a Lieutenant Governor's Order in Council. The purpose of the board is to establish organizational direction and vision and, through the CEO, to ensure that organizational objectives are attained.
- AFM's vision is "Healthy Resilient Manitobans" and AFM's works to be "a foundation of excellence providing addictions services and supporting healthy behaviours."
- The Department provides funding to AFM to deliver services.

The expected and actual results for 2013/14 included:

1. Operationalize the new three to four year strategic plan.
   - Purchased Performance Enhancement and Knowledge (PEAK) software designed to support organizations in more efficiently and effectively tracking progress toward strategic objectives. Leads in staff within AFM are now being trained to use the new software.
   - Significant strides were made toward achieving strategic objectives in 2013/14, the first year of the current four year strategic plan.
   - AFM's Board of Governors received and continues to receive regular updates on progress toward the strategic objectives.

2. Development of staff training plan and communication plan that aligns with the new strategic plan.
   - Completed a reorganization of leadership positions including establishing and filling a Clinical Director position whose responsibilities include coordinating staff development and training.
   - Established a Staff Development Unit within existing resources to address the need for a greater focus on internal staff development and training.
   - The staff development team has supported AFM in making some initial decisions in priority areas for enhancing staff training and development (client safety).
   - Continued to provide Motivational Interviewing (MI) training to all front-line staff, a client-centered counseling method for addressing the common problem of ambivalence about behaviour change. Training courses through the University of Manitoba's Applied Counseling Certificate Program and suicide prevention training were also provided to AFM staff in 2013/14.
   - Completed a refresh of all AFM websites and undertook an audit of all of AFM's printed publications.

3. Development of clear, simple measures of AFM objectives.
    - Continued to develop measurable objectives that support the strategic priorities.

4. Establishment of a process for monitoring, measuring and reporting progress toward the goals and objectives outlined in the strategic plan.
    - Implemented new Performance Enhancement and Knowledge (PEAK) software designed to support organizations in more efficiently and effectively tracking progress toward strategic objectives.
    - AFM's Board of Governors continues to receive regular updates on progress toward the strategic objectives.

5. Maintenance of accreditation status.
    - AFM continues to be accredited through Accreditation Canada. AFM was last accredited in 2012 and following the process met all of the recommendations.

6. Development and implementation of a process to identify and incorporate best, emerging and evidence-based practices.
    - Established a Knowledge Exchange Centre with a primary role of exploring research and sharing information on evidence-based practices in the addictions field. This resource is a significant component of AFM's Quality Improvement Plan and has already supported the organization in making important changes in programming and practices to meet best practice.
    - Began developing a workplan to undertake a phased in approach to review all programs with the lens of evidence-based practice by 2017.

7. Current human resource policies and procedures.
    - Made significant strides toward updating human resource practices and tools including: incorporating the Canadian Centre on Substance Abuse (CCSA) competencies in recruitment, hiring and performance feedback and development; providing extensive management training to provincial leadership and supervisors; providing one-on-one management coaching to prioritized members of leadership; AFM is in the process of implementing consistent, formal performance management practices across the organization; and developing updated and consistent hiring protocols and practices (revising template for job postings, baseline competencies and qualifications, standard interview guide, etc).
    - Developed a plan to complete a comprehensive review of all human resource policies and procedures by 2017.

8. Implementation of information technology updates.
    - Commissioned an external review of AFM information technology structure and systems and working toward implementing the recommendations from the review.

9. Development and implementation of new organizational and decision-making structures that enable more effective operations and support the strategic plan.
    - Completed reorganization of AFM senior leadership and of several program areas. AFM now has a member of its Provincial Leadership Team on site at most of its large sites. This new structure supports AFM's focus on client-centered services.

10. Provision of information, education and support services to clients, partner organizations and the public.
    - Continued to provide public education workshops and presentations in schools and to community organizations on addictions issues.
    - Continued to offer a series of courses to train individuals to provide addictions counseling support.
    - Continued to maintain websites with a wide range of addictions related information. These online resources include resources geared to youth and adults that provide factual information on substances, problem gambling, addictions and supportive services available. Other online resources are geared to service providers, parents, educators and youth with comprehensive resources about addictions and addictions-related issues. Information provided includes the latest research, news and events in the addictions field; a directory of addictions services in Manitoba; fact sheets; curriculum-related activities for grades K-12; and links to some of the best addictions resource information available.

- AFM's William Potoroka Memorial Resource Collection is the most comprehensive information source on substance use and misuse, problem gambling and related issues in Manitoba. It offers up-to-date, reliable information on issues, trends and research in the addictions field. Membership is free and available to all Manitobans.
- AFM continued to provide printed publications in the form of brochures and pamphlets with information on substances, problem gambling, addictions and supportive services available.

11. Provision of residential, community-based and school-based services to Manitobans with substance abuse or gambling issues.
    - Provided addictions treatment services to 15,248 Manitobans.
    - Provided a wide range of addictions treatment services for Manitobans struggling with an addiction or with someone else's addiction. AFM offers services for adults and youth and has gender specific programming available in Winnipeg. AFM provides residential, community-based and school-based services through 25 facilities located across Manitoba.

7(f) Addictions Foundation of Manitoba

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	FTE	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Program Delivery	26,011		26,011	-	
Problem Gambling Services	3,238		3,238	-	
Less: Third Party Recoveries	(1,633)		(1,633)	-	
Less: Recoveries from Manitoba Lotteries Corporation	(7,338)		(7,338)	-	
Total Sub-Appropriation	**20,278**	-	**20,278**	-	

Health Services Insurance Fund

The Manitoba Health Services Insurance Fund provides for program costs related to payments to health authorities and other organizations for acute and long-term care, home care, community and mental health and emergency medical response and transportation services. The Fund also provides direct payments to providers of insured services and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program and Pharmacare.

Funding to Health Authorities

- Acute Care Services
- Long-Term Care Services
- Home Care Services
- Community and Mental Health Services
- Emergency Response and Transport Services

The objectives were:

- Health authorities (regional health authorities, CancerCare Manitoba and Diagnostic Services of Manitoba Inc.) provide a service delivery system that responsively, efficiently and effectively meets the needs of their populations and is balanced in an affordable and sustainable manner.

The expected and actual results for 2013/14 included:

1. Allocated funds will be utilized in accordance with *The Regional Health Authorities Act*, *The Health Services Insurance Act* and *The CancerCare Manitoba Act*.
    - Funding was allocated to be utilized in accordance with *The Regional Health Authorities Act, The Health Services Insurance Act and The CancerCare Manitoba Act* in respect of the cost of hospital services, medical services and other health services provided in Manitoba.

2. Financial and statistical information will be provided by the health authorities as defined by the department.
    - Health authorities and other agencies complied with reporting data to the department, including but not limited to: management information systems, monthly financial forecasts, wait times data, and labour vacancy data.

3. Regional health authorities and CancerCare Manitoba undertake legislated accountability measures including the assessment of health needs, strategic planning, health planning and accreditation.
    - Provided leadership to the Community Health Assessment Network in planning for the fourth cycle of Community Health Assessment; with a focus on application of an equity lens, indicator selection, and monitoring and dissemination of results.
    - Developed a Manitoba Accreditation Provincial Standards Set with engagement of RHAs in a current state analysis of RHA site assessment. Monitored RHA and agency compliance with accreditation regulation and guidelines.

4. Implementation of strategic efforts and health plans is planned and managed with consideration to affordability and sustainability.
    - Ensured use of community health assessment findings from regional health authorities in guiding decision making in service provision.
    - Supported year three of the five year Pursuing Excellence Strategy to apply continuous quality improvement activities and spread throughout the health service system.
    - Provided departmental and regional database support for the health planning process.
    - Coordinated the preparation of the annual health plan guidelines and provided support to health authorities, as requested.

5. A service delivery system that meets the needs of Manitobans.
    - Monitored the delivery of regional health authority programs and services.
    - Conducted investigations of inquiries made by the public or other organizations including the Office of the Auditor General.
    - Ensured regional health authority communication with communities and informed Ministerial guidelines for Local Health Involvement Groups (LHIGs).

- Conducted or participated in various meetings throughout Manitoba in partnership with community and local leaders to discuss the provision of health care and hospital based services.
- Supportive Housing units in the Province were expanded with the opening of 12 units in Winnipeg and 24 units in Ste. Anne, Manitoba.
- All regions have submitted project proposals and have received funding approval through the New and Innovative Rehabilitation Project initiative for the development of targeted rehabilitation initiatives. Funding for this initiative has enabled regions to hire additional heath care providers to provide timely follow up for patients requiring home-based rehabilitation, with the goal of allowing Manitobans to remain in their homes as long as possible. For example, in the WRHA, the waitlists to see Occupational Therapists, Physical Therapists and Speech Language Pathologists have been reduced significantly or, in the case of waitlists to see Speech Language Pathologists, eliminated entirely.
- Home Care – enhanced home care service level and specialized supports (continued from 2012/2013 initiatives).

6. Health authorities are compliant with provincial legislation, department policies, standards, reporting requirements and guidelines of core health services.
   - Monitored and ensured all RHAs and agencies are compliant with critical incident reporting legislation.
   - Monitored and ensured compliance with personal care home licensing requirements and standards.
   - Reviewed accountability monitoring requirements for regional health authorities.

8(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Acute Care Services	2,245,977	2,202,744	43,233	1
Long Term Care Services	583,810	583,602	208	
Home Care Services	335,380	328,221	7,159	2
Community and Mental Health Services	246,528	235,424	11,104	2
Emergency Response and Transport Services	79,634	70,008	9,626	2
Third Party Recoveries	(16,405)	(17,385)	980	
Reciprocal Recoveries	(64,937)	(67,977)	3,040	3
Recoverable from Urban Development Initiatives	(2,000)	(2,000)	-	
Total Sub-Appropriation	**3,407,987**	**3,332,637**	**75,350**	

Explanation Number:

1. Primarily due to price and volume increases, offset by a re-distribition of the 2013/14 funding in 21-8.

2. Primarily due to price and volume increases and a re-distribution of the 2013/14 funding within 21-8a.

3. Primarily due to lower volumes.

Provincial Health Services

Provincial Health Services is comprised of the following:

Hospital – Out Of Province

The objectives were:

- To provide payment to insured residents of Manitoba for insured hospital services required while temporarily out of the province, and to recover funds from other provinces when Manitoba hospitals provide in-patient and out-patient services to other Canadian residents.

The expected and actual results for 2013/14 included:

1. The portability of benefits under *The Canada Health Act* is upheld and fulfilled through inter-provincial reciprocal billing arrangements
    - The requirement of portability for benefits under the *Canada Health Act* was fulfilled.

Blood Transfusion Services

The objectives were:

- To provide funding for Manitoba's share of the manufacturing operating cost of the Canadian Blood Services, which is responsible for the provision of a safe, reliable and adequate blood supply for Manitobans and Canadians (except Quebec).
- To fund unique-to-Manitoba transfusion-related laboratory testing services provided by Canadian Blood Services.
- To provide funding to ensure procurement and distribution of fractionated and/or blood derivative products ordered by Manitoba physicians for Manitoba patients.
- To provide funding for Manitoba's commitment to the Multi Provincial Territorial Assistance Plan (MPTAP) that provides financial compensation for Manitobans living with human immunodeficiency virus (HIV) as a result of contact with the blood supply.

The expected and actual results for 2013/14 included:

1. Timely and accurate payment of eligible blood and plasma derived products to Canadian Blood Services.
    - Payment for blood and plasma derived products occurred to facilitate timely delivery of safe, reliable and affordable quality blood products to regional health authorities (RHAs), facilities and physicians.

2. Timely and accurate payment of eligible laboratory services ordered by physicians on behalf of Manitoba patients.
    - Payment for eligible laboratory services occurred to facilitate timely delivery of laboratory services to regional health authorities (RHAs), facilities and physicians.

3. Timely and accurate payment of financial assistance to Manitobans eligible for the MPTAP.
    - Continued work with the Canadian Blood Agency (CBA) to ensure timely and accurate provision of financial assistance to Manitobans meeting the eligibility criteria for MPTAP.

Federal Hospitals

The objectives were:

- To provide funding for services in two federal hospitals and 18 federal nursing stations.

The expected and actual results for 2013/14 included:

1. Two federal hospitals and 18 federal nursing stations are funded for services provided
    - Two federal hospitals and 22 federal nursing stations were funded for services provided.

Prosthetic and Orthotic Devices

The objectives were:

- To manage and administer payment of benefits for assistive devices as prescribed under *The Health Services Insurance Act*.

The expected and actual results for 2013/14 included:

1. Payment for benefits for eligible Manitobans who require assistive devices for daily living
    - Financial assistance for the purchase of assistive devices was provided to 51,007 eligible Manitobans at a total cost of $17.25 million.

Healthy Communities Development

The objectives were:

- To direct health care system resources to more appropriate and less costly alternatives, with a particular emphasis on prevention and health promotion.

The expected and actual results for 2013/14 included:

1. Development of a more effective and affordable health care system through the funding of initiatives.
    - Investments were made in a number of initiatives designed to promote an effective and sustainable health care system. Specific examples would be activities approved through the Manitoba Patient Access Network and Cross Departmental Coordination Initiatives.

Nurses Recruitment and Retention Initiative

The objectives were:

- To attract and retain registered nurses, registered psychiatric nurses, and licensed practical nurses to Manitoba, through relocation assistance, grants, financial incentives and other strategies.

The expected and actual results for 2013/14 included:

1. Improved supply of nurses in Manitoba and increased interest in nursing as a profession through incentive programs and marketing strategies.
    - The Nurses Recruitment and Retention Fund is now reported under Health Human Resource Planning (see Health Workforce Strategies).

Physician Resource Coordination Office

The objectives were:

- To support a balanced, effective, and efficient physician recruitment strategy in Manitoba that recognizes the needs of the province as well as the needs of individual regional health authorities (RHAs).

The expected and actual results for 2013/14 included:

1. Improve the co-ordination of recruitment and retention activities in Manitoba.
    - The Physician Resource Coordination Office is now reported under Health Human Resource Planning (see Health Workforce Strategies).

2. Implementation/facilitation of solutions identified by stakeholders that will contribute to addressing identified systemic barriers to recruitment and retention of physicians.
    - The Physician Resource Coordination Office is now reported under Health Human Resource Planning (see Health Workforce Strategies).

3. Increase the supply of physicians registered to practice in Manitoba
    - The Physician Resource Coordination Office is now reported under Health Human Resource Planning (see Health Workforce Strategies).

8(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Out-of-Province	48,850	53,726	(4,876)	1
Blood Transfusion Services	57,727	58,838	(1,111)	
Federal Hospitals	2,026	2,579	(553)	1
Prosthetic and Orthotic Devices	17,252	14,780	2,472	2
Healthy Communities Development	4,006	5,045	(1,039)	3
Nursing Recruitment and Retention Initiatives	3,050	3,730	(680)	1
Total Sub-Appropriation	**132,911**	**138,698**	**(5,787)**	

Explanation Number:

1. Primarily due to lower volumes.

2. Primarily due to higher volumes.

3. Primarily due to delays in projects.

Medical

The objectives were:

- To provide insurance in respect of the costs of medical and other health services for the health and well-being of the residents of Manitoba

The expected and actual results for 2013/14 included:

1. Claims will be processed and paid in accordance with *The Health Service Insurance Act* and in accordance with existing collective agreements for insured services rendered by medical practitioners, optometrists, chiropractors and dental surgeons
   - Processed and paid approximately 12.3 million claims in relation to approximately 25.3 million services provided by medical practitioners, optometrists, chiropractors, and oral surgeons.
   - Total services included approximately 23.8 million physician services, 488,143 optometric services, 911,927 chiropractic services, and 5,656 oral surgery services.

8(c) Medical

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Physician Services	1,081,936	1,084,490	(2,554)	1
Other Professionals	25,555	25,862	(307)	
Out of Province Physicians	27,398	30,328	(2,930)	1
Physician Recruitment and Rete	25,414	29,672	(4,258)	2
Third Party Recoveries	(9,380)	(10,003)	623	
Reciprocal Recoveries	(15,632)	(16,121)	489	
Total Sub-Appropriation	**1,135,291**	**1,144,228**	**(8,937)**	

Explanation Number:

1. Primarily due to lower volumes.

2. Primarily due to price and volume decreases offset by increases in grant repayments.

Pharmacare

The objectives were:

- To fund prescribed pharmaceutical benefits subject to *The Prescription Drugs Cost Assistance Act* and Regulations and *The Pharmaceutical Act* and Regulations to protect the residents of Manitoba from financial hardship resulting from expenses for eligible prescription drugs.

The expected and actual results for 2013/14 included:

1. Payment for eligible pharmaceutical benefits for program beneficiaries.
    - The average Pharmacare benefit per family for 2013/14 increased $127.37 or 4% to $2,976.44 from $2,849.07 in 2012/13. This increase occurred, even though there was a slight decrease (2%) in actual drug costs in 2013/14 from 2012/13, because there was a significant decrease (6.3%) in the number of families who received Pharmacare benefits in 2013/14 compared to 2012/13.
    - Deductible rates in 2013/14 ranged from a minimum of $100 or 2.85% to a maximum of 6.46% for incomes greater than $75,000. Total family income is reduced by $3,000 for a spouse and for each dependent less than 18 years of age, where applicable.

8(d) Pharmacare

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures	240,772	269,060	(28,288)	1
Total Sub-Appropriation	**240,772**	**269,060**	**(28,288)**	

Explanation Number:

1. Primarily due to price decreases.

Capital Funding

Capital Funding provides funding to health authorities for principal repayment on approved borrowing, equipment purchases, and other capital expenditures.

The objectives were:

- To provide funding for capital projects, specialized and basic equipment purchases, and information technology initiatives approved by the department, in accordance with the department Capital Plan, for regional health authorities (RHAs), Diagnostic Services of Manitoba (DSM), CancerCare Manitoba (CCMB), and Manitoba eHealth (eHealth) through the provision of principal repayment on approved borrowings, outright capital payments, and outright equipment payments.

The expected and actual results for 2013/14 included:

1. Increase in principal repayments for approved borrowings in this fiscal year for the acquisition, construction and renovation of physical assets, specialized equipment and information technology to support the infrastructure of the health care system in accordance with the department Capital Plan as projects are completed.
   - The actual 2013/14 principal payment increase is $5,792,000 to provide for appropriate principal reduction on approved borrowings for the acquisition, construction, and renovation of physical assets, specialized equipment, and information technology to support the infrastructure of the health care system.
   - The 2013/14 principal payments were expected to increase by $4,628,000 from 2012/13. The actual 2013/14 increase is $3,943,000.

2. Modification in principal repayments as the result of approved borrowings on specific projects being fully repaid.
   - The actual 2013/14 principal payments decrease was $1,849,000 as the result of approved borrowings for approved capital projects being fully repaid.

3. Payment for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB on a timely basis and in accordance with approved funding levels.
   - The expected outright payments in 2013/14 for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB were $17,050,000. Actual payments for approved specialized and basic equipment to RHAs, DSM and CCMB consisted of $158,000 outright payments and $16,892,000 provided through approved borrowings.

4. Payment of outright funding for approved capital projects to RHAs, DSM and CCMB in accordance with the department Capital Plan.
   - Total outright payments to RHAs, DSM and CCMB for 2013/14 for approved capital projects were expected to be $7,700,000. Actual outright payments to RHAs, DSM and CCMB for 2013/14 for approved capital projects are $9,414,000. Outright funding reduces the need for funding through approved borrowings.

9(a) Principal Repayments

2012/13 Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	73,061	70,285	2,776	1
Long Term Care	15,547	15,441	106	
Community and Mental Health Services	3,915	4,299	(384)	
Total Sub-Appropriation	**92,523**	**90,025**	**2,498**	

Explanation Number:

1. Primarily due to additional project completions.

9(b) Equipment Purchases and Replacements

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	158	14,218	(14,060)	1
Long Term Care	-	2,832	(2,832)	1
Total Sub-Appropriation	**158**	**17,050**	**(16,892)**	

Explanation Number:

1. Primarily due to the transfer of equipment purchases to the Loan Act Authority.

9(c) Other Capital

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	8,155	3,950	4,205	1
Long Term Care	1,259	3,750	(2,491)	2
Total Sub-Appropriation	**9,414**	**7,700**	**1,714**	

Explanation Number:

1. Primarily due to increased capital project approvals.

2. Primarily due to decreased capital project approvals.

9(d) Interest

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	36,760	39,856	(3,096)	1
Long Term Care	6,420	8,260	(1,840)	1
Community and Mental Health Services	3,113	4,083	(970)	1
Total Sub-Appropriation	**46,293**	**52,199**	**(5,906)**	

Explanation Number:

1. Primarily due to lower interest rates.

Costs Related to Capital Assets

The objectives were:

- To provide for the amortization of capital assets.
- To provide for interest expense related to capital investment borrowing.

The expected and actual results for 2013/14 included:

1. The systematic write-off to expense of the cost of an asset over its expected economic useful life.
    - Amortization of the costs of assets over the useful life of the asset was completed in accordance with pre-established timelines

2. The payment of interest expense on capital investment borrowing.
    - The interest expenses related to capital investment borrowing was paid in accordance with pre-established timelines

10 Costs Related to Capital Assets

Expenditures by Sub-Appropriation	Actual 2013/14 $(000's)	Estimate 2013/14 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Amortization Expense	3,445	4,552	(1,107)	1
Interest Expense	694	1,154	(460)	1
Total Sub-Appropriation	**4,139**	**5,706**	**(1,567)**	

Explanation Number:

1. Primarily due to delays in the completion of planned projects.

Capital Investments

The objectives were:

- To ensure the department's Capital Investment Authority reflects the costs for priority health information technology capital initiatives.
- The acquisition of medical related equipment.

The expected and actual results for 2013/14 included:

1. Recognition of capital costs associated with the development of priority health information technology capital initiatives.
    - In 2013/14 the Provincial Drug Program completed upgrades to its payment system through the DPIN Renewal project. This system is used to make payments to individual and pharmacies.

2. Provision of technology solutions that address health priorities.
    - Investments are being made in the Provincial Drug Program payments systems.

3. Upgraded medical equipment.
    - The department acquired new medical equipment to replace obsolete equipment and improve efficiency for Cadham Provincial Laboratory, Selkirk Mental Health Centre and the Provincial Nursing Stations.

Financial Report Summary Information

Part 1

Manitoba Health, Healthy Living and Seniors

Reconciliation Statement

April 1, 2013 – March 31, 2014

DETAILS	2013/14 ESTIMATES ($000s)
2013/14 Main Estimates:	5,273,004
Allocation of Funds from: Enabling Appropriations	773
2013/14 Estimates:	**5,273,777**

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2014

Estimate 2013/14 $(000s)		Appropriation	Actual (1) 2013/14 $(000s)	Actual (2) 2012/13 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-1	**Administration and Finance**				
74	21 1a	Minister's Salary	74	74	-	
	21-1b	Executive Support				
1,289		1 Salaries and Employee Benefits	1,506	1,441	65	
221		2 Other Expenditures	167	143	24	
	21-1c	Finance				
6,419		1 Salaries and Employee Benefits	6,568	6,446	122	
1,504		2 Other Expenditures	1,191	1,283	(92)	
	21-1d	Central Services				
510		1 Salaries and Employee Benefits	705	613	92	
300		2 Other Expenditures	212	140	72	
518		3 External Agencies	405	436	(31)	
10,835		**Total Appropriation 21-1**	**10,828**	**10,576**	**252**	
	21-2	**Provincial Policy and Programs**				
	21-2a	Administration				
237		1 Salaries and Employee Benefits	265	333	(68)	
53		2 Other Expenditures	91	75	16	

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2014

Estimate 2013/14 $(000s)		Appropriation	Actual (1) 2013/14 $(000s)	Actual (2) 2012/13 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-2b	Information Systems				
4,429		1 Salaries and Employee Benefits	4,463	4,319	144	
933		2 Other Expenditures	590	578	12	
5,181		3 Provincial Program Support Cost	5,573	5,377	196	
	21-2c	Provincial Drug Programs				
2,529		1 Salaries and Employee Benefits	2,304	2,215	89	
524		2 Other Expenditures	603	589	14	
	21-2d	Corporate Services				
1,283		1 Salaries and Employee Benefits	1,290	1,285	5	
742		2 Other Expenditures	632	636	(4)	
395		3 External Agencies	395	397	(2)	
	21-2e	Capital Planning				
895		1 Salaries and Employee Benefits	829	701	128	
207		2 Other Expenditures	186	162	24	
	21-2f	Drug Management Policy Unit				
825		1 Salaries and Employee Benefits	558	565	(7)	
178		2 Other Expenditures	1,505	1,771	(266)	1
424		3 External Agencies	405	41	364	
	21-2g	Cadham Provincial Laboratory Services				
7,819		1 Salaries and Employee Benefits	8,686	8,239	447	
8,714		2 Other Expenditures	6,946	7,317	(371)	

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2014

Estimate 2013/14 $(000s)		Appropriation	Actual (1) 2013/14 $(000s)	Actual (2) 2012/13 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-2b	Information Systems				
4,429		1 Salaries and Employee Benefits	4,463	4,319	144	
933		2 Other Expenditures	590	578	12	
	21-2h	Selkirk Mental Health Centre				
35,070		1 Salaries and Employee Benefits	39,763	37,977	1,786	
5,323		2 Other Expenditures	5,228	5,136	92	
	21-2i	Provincial Blood Programs Office				
325		1 Salaries and Employee Benefits	215	254	(39)	
61		2 Other Expenditures	47	49	(2)	
	21-2j	Manitoba Centre for Health Policy				
2,200		1 Other Expenditures	2,200	2,200	-	
78,347		**Total Appropriation 21-2**	**82,774**	**80,216**	**2,558**	

Explanation Number:
1. Primarily due to research expenditures offset by general revenues.

	21-3	**Health Workforce**				
	21-3a	Insured Benefits				
5,916		1 Salaries and Employee Benefits	5,982	5,526	456	
2,639		2 Other Expenditures	2,052	1,989	63	

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2014

Estimate 2013/14 $(000s)		Appropriation	Actual (1) 2013/14 $(000s)	Actual (2) 2012/13 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-3b	Medical Labour Relations				
1,037		1 Salaries and Employee Benefits	1,126	1,144	(18)	
375		2 Other Expenditures	232	335	(103)	
256		3 External Agencies	115	5	110	
	21-3c	Health Workforce Strategies				
879		1 Salaries and Employee Benefits	629	784	(155)	
122		2 Other Expenditures	67	82	(15)	
171		3 External Agencies	171	171	-	
11,395		**Total Appropriation 21-3**	**10,374**	**10,036**	**338**	
	21-4	**Public Health and Primary Health Care**				
	21-4a	Administration				
349		1 Salaries and Employee Benefits	243	459	(216)	
325		2 Other Expenditures	310	310	-	
	21-4b	Public Health				
11,920		1 Salaries and Employee Benefits	10,928	10,782	146	
5,106		2 Other Expenditures	3,912	4,112	(200)	
15,343		3 Vaccines	15,927	15,401	526	
12		4 External Agencies	-	-	-	

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2014

Estimate 2013/14 $(000s)		Appropriation	Actual (1) 2013/14 $(000s)	Actual (2) 2012/13 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-4c	Federal / Provincial Policy Support				
485		1 Salaries and Employee Benefits	401	447	(46)	
42		2 Other Expenditures	30	49	(19)	
	21-4d	Aboriginal and Northern Health Office				
3,304		1 Salaries and Employee Benefits	2,802	2,739	63	
3,012		2 Other Expenditures	3,362	3,012	350	
724		3 External Agencies	724	724	-	
	21-4e	Primary Health Care				
1,223		1 Salaries and Employee Benefits	1,346	1,077	269	1
3,988		2 Other Expenditures	3,208	3,633	(425)	
45,833		**Total Appropriation 21-4**	**43,193**	**42,745**	**448**	

Explanation Number:

1. Primarily due to increase in payments for program initiatives.

Estimate 2013/14 $(000s)		Appropriation	Actual (1) 2013/14 $(000s)	Actual (2) 2012/13 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-5	**Regional Policy and Programs**				
	21-5a	Administration				
309		1 Salaries and Employee Benefits	301	306	(5)	
57		2 Other Expenditures	110	92	18	

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2014

Estimate 2013/14 $(000s)		Appropriation	Actual (1) 2013/14 $(000s)	Actual (2) 2012/13 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-5b	Health Emergency Management				
1,988		1 Salaries and Employee Benefits	2,241	1,910	331	1
16,344		2 Other Expenditures	15,307	16,489	(1,182)	
23		3 External Agencies	20	20	-	
	21-5c	Cancer and Diagnostic Care				
397		1 Salaries and Employee Benefits	433	394	39	
215		2 Other Expenditures	209	180	29	
	21-5d	Continuing Care				
1,061		1 Salaries and Employee Benefits	1,069	968	101	
146		2 Other Expenditures	142	123	19	
1,610		3 External Agencies	1,609	1,605	4	
	21-5e	Acute, Tertiary and Specialty Care				
2,419		1 Salaries and Employee Benefits	2,037	2,226	(189)	
749		2 Other Expenditures	581	828	(247)	
141		3 External Agencies	140	141	(1)	
	21-5f	Chief Provincial Psychiatrist				
447		1 Salaries and Employee Benefits	484	449	35	
60		2 Other Expenditures	43	44	(1)	
25,966		**Total Appropriation 21-5**	**24,726**	**25,775**	**(1,049)**	

Explanation Number:

1. *Primarily due to miscellaneous salary over-expenditures.*

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2014

Estimate 2013/14 $(000s)		Appropriation	Actual (1) 2013/14 $(000s)	Actual (2) 2012/13 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-6	**Office of the Chief Provincial Public Health Officer**				
	21-6a	Provincial Public Health Office				
1,144		1 Salaries and Employee Benefits	737	750	(13)	
347		2 Other Expenditures	683	302	381	
1,491		**Total Appropriation 21-6**	**1,420**	**1,052**	**368**	
	21-7	**Healthy Living and Seniors**				
	21-7a	Healthy Living and Healthy Populations				
1,281		1 Salaries and Employee Benefits	1,215	1,437	(222)	1
2,282		2 Other Expenditures	1,867	2,349	(482)	2
2,654		3 External Agencies	2,534	2,791	(257)	
	21-7b	Seniors and Healthy Aging Secretariat				
736		1 Salaries and Employee Benefits	763	747	16	
256		2 Other Expenditures	205	222	(17)	
730		3 External Agencies	727	586	141	
	21-7c	Mental Health and Spiritual Health				
701		1 Salaries and Employee Benefits	708	686	22	
2,063		2 Other Expenditures	1,665	1,818	(153)	
2,434		3 External Agencies	2,405	2,434	(29)	

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2014

Estimate 2013/14 $(000s)		Appropriation	Actual (1) 2013/14 $(000s)	Actual (2) 2012/13 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-7d	Tobacco Control and Cessation				
245		1 Salaries and Employee Benefits	327	293	34	
821		2 Other Expenditures	977	692	285	
166		3 External Agencies	166	161	5	
	21-7e	Addictions Policy and Support				
457		1 Salaries and Employee Benefits	336	376	(40)	
665		2 Other Expenditures	479	1,609	(1,130)	2
6,838		3 External Agencies	6,627	8,198	(1,571)	3
	21-7f	Addictions Foundation of Manitoba				
26,011		1 Program Delivery	26,011	19,492	6,519	3
3,238		2 Problem Gambling Services	3,238	-	3,238	3
(1,633)		3 Less: Third Party Recoveries	(1,633)	-	(1,633)	3
(7,338)		4 Less: Recoveries from Manitoba Lotteries	(7,338)	-	(7,338)	3
42,607		**Total Appropriation 21-7**	**41,279**	**43,891**	**(2,612)**	

Explanation Number:

1. *Primarily due to miscellaneous salary under-expenditures.*
2. *Primarily due to miscellaneous operating under-expenditures.*
3. *Primarily due to the transfer of Marymound Inc. funding to the Addictions Foundation of Manitoba and price and volume increases.*

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2014

Estimate 2013/14 $(000s)		Appropriation	Actual (1) 2013/14 $(000s)	Actual (2) 2012/13 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-8	**Health Services Insurance Fund**				
	21-8a	Funding to Health Authorities				
2,202,744		Acute Care Services	2,245,977	2,139,186	106,791	1
583,602		Long Term Care Services	583,810	567,057	16,753	2
328,221		Home Care Services	335,380	325,614	9,766	2
235,424		Community and Mental Health Services	246,528	235,065	11,463	2
70,008		Emergency Response and Transport Services	79,634	74,502	5,132	2
(17,385)		Third Party Recoveries	(16,405)	(16,269)	(136)	
(67,977)		Reciprocal Recoveries	(64,937)	(49,291)	(15,646)	3
(2,000)		Recoverable from Urban Development Initiative	(2,000)	(2,000)	-	
	21-8b	Provincial Health Services				
53,726		Out of Province	48,850	46,414	2,436	3
58,838		Blood Transfusion Services	57,727	58,392	(665)	
2,579		Federal Hospitals	2,026	1,887	139	
14,780		Prosthetic and Orthotic Devices	17,252	15,857	1,395	
5,045		Healthy Communities Development	4,006	3,578	428	
3,730		Nursing Recruitment and Retention Initiatives	3,050	3,375	(325)	
	21-8c	Medical				
1,084,490		Physician Services	1,081,936	988,185	93,751	4
25,862		Other Professionals	25,555	22,506	3,049	4
30,328		Out of Province Physicians	27,398	27,904	(506)	
29,672		Physician Recruitment and Retention Program	25,414	19,095	6,319	3
(10,003)		Third Party Recoveries	(9,380)	(9,276)	(104)	
(16,121)		Reciprocal Recoveries	(15,632)	(14,971)	(661)	

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2014

Estimate 2013/14 $(000s)		Appropriation	Actual (1) 2013/14 $(000s)	Actual (2) 2012/13 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-8d	Pharmacare				
269,060		Other Expenditures	240,772	244,348	(3,576)	5
4,884,623		**Total Appropriation 21-8**	**4,916,961**	**4,681,158**	**235,803**	

Explanation Number:

1. *Primarily due to increases in base line funding to the RHAs, wage increases per approved mandates, and other price and volume increases.*
2. *Primarily due to increases in base line funding to the RHAs.*
3. *Primarily due to increased volumes.*
4. *Primarily due to increased price and volume.*
5. *Primarily due to decreased price.*

	21-9	**Capital Funding**				
	21-9a	Principal Repayments				
70,285		1 Acute Care	73,061	70,861	2,200	1
15,441		2 Long Term Care	15,547	13,998	1,549	1
4,299		3 Community and Mental Health Services	3,915	3,721	194	
	21-9b	Equipment Purchases and Replacements				
14,218		1 Acute Care	158	13,758	(13,600)	2
2,832		2 Long Term Care	-	4,157	(4,157)	2

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2014

Estimate 2013/14 $(000s)		Appropriation	Actual (1) 2013/14 $(000s)	Actual (2) 2012/13 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-9c	Other Capital				
3,950		1 Acute Care	8,155	4,967	3,188	3
3,750		2 Long Term Care	1,259	3,159	(1,900)	4
	21-9d	Interest				
39,856		1 Acute Care	36,760	39,108	(2,348)	5
8,260		2 Long Term Care	6,420	8,931	(2,511)	5
4,083		3 Community and Mental Health Services	3,113	3,240	(127)	
166,974		**Total Appropriation 21-9**	**148,388**	**165,900**	**(17,512)**	

Explanation Number:

1. *Primarily due to increases in debt servicing.*
2. *Primarily due to the transfer of equipment purchases to the Loan Act Authority in 2013/14.*
3. *Primarily due to an increase in outright payments for capital.*
4. *Primarily due to a decrease in outright payments for capital.*
5. *Primarily due to lower interest rates and decreases in debt servicing.*

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2014

Estimate 2013/14 $(000s)		Appropriation	Actual (1) 2013/14 $(000s)	Actual (2) 2012/13 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-10	**Costs Related to Capital Assets**				
4,552	21-10a	Amortization Expense	3,445	3,573	(128)	
1,154	21-10b	Interest Expense	694	804	(110)	
5,706		**Total Appropriation 21-10**	**4,139**	**4,377**	**(238)**	
5,273,777		**Total Appropriation 21**	**5,284,082**	**5,065,726**	**218,356**	

Footnotes:

(1) Actuals for 2013/14 are based on year-end expenditure analysis report dated June 6, 2014.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2014.

Manitoba Health
Revenue Summary by Source
for fiscal year ended March 31, 2014

Actual (1) 2013/14 $(000s)	Actual (2) 2012/13 $(000s)	Increase (Decrease) $(000s)	Expl. No.	Source	Actual (1) 2013/14 $(000s)	Estimate 2013/14 $(000s)	Variance $(000s)	Expl. No.
				1. Government of Canada:				
8,998	9,079	(81)		a) Patient Wait Times Guarantee	8,998	9,062	(64)	
8,998	**9,079**	**(81)**		**Sub-Total Health Funds**	**8,998**	**9,062**	**(64)**	
4,368	4,368	-		b) Labour Market Agreements for People with Disabilities	4,368	4,368	-	
-	-	-		c) Provincial Tobacco Guarantee	-	119	(119)	
7	-	7		d) Toll-Free Quitline Numbers on Tobacc Packaging Initiative	7	100	(93)	
4,375	**4,368**	**7**		**Sub-Total Other Agreements**	**4,375**	**4,587**	**(212)**	2
				2. Other Revenue:				
7,596	6,917	679	1	a) Sundry	7,596	7,029	567	1
20,969	**20,364**	**605**		**Total Revenue**	**20,969**	**20,678**	**291**	

Explanation Number:

1 Increased revenue primarily due to the new Federal Funding for Drug Treatment Program in 2013/14.

2 Miscellaneous under-recoveries.

Footnotes:

(1) Actuals for 2013/14 are based on year-end expenditure analysis report dated June 6, 2014

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2014

Manitoba Health, Healthy Living and Seniors

Five Year Expenditure and Staffing Summary by Appropriation

for years ending March 31, 2010 to March 31, 2014

Appropriation	2009/10 [2]		2010/11 [2]		2011/12 [2]		2012/13 [1]		2013/14 [1]	
	FTE	$(000s)	FTE	$(000s)	FTE	$(000s)	FTE	$(000s)	FTE	$(000s)
21-1 Administration and Finance	124.73	9,547	119.73	10,554	121.73	10,340	121.73	10,576	121.73	10,828
21-2 Provincial Programs and Services	715.98	70,998	712.98	73,174	730.98	76,276	739.98	80,216	739.98	82,774
21-3 Health Workforce	135.29	10,416	135.29	10,140	135.29	9,574	135.29	10,036	135.29	10,374
21-4 Public Health and Primary Health Care	126.28	39,262	134.28	39,482	144.28	40,548	168.91	42,745	168.91	43,193
21-5 Regional Programs and Services	77.02	14,753	79.02	13,867	79.02	19,267	81.02	25,775	81.02	24,726
21-6 Office of the Chief Provincial Public Health Officer	8.00	1,314	8.00	1,070	8.00	1,499	8.00	1,052	8.00	1,420
21-7 Healthy Living and Seniors	37.00	36,583	38.00	40,246	38.00	44,149	38.00	43,891	38.00	41,279
21-8 Health Services Insurance Fund		4,185,302		4,385,985		4,519,148		4,681,158		4,916,961
21-9 Capital Funding		130,974		135,544		165,945		165,900		148,388
21-10 Costs Related to Capital Assets		4,623		4,797		4,409		4,377		4,139
Total Departmental Expenditures	1,224.30	4,503,772	1,227.30	4,714,859	1,257.30	4,891,155	1,292.93	5,065,726	1,292.93	5,284,082

Footnotes:

(1) Actuals for 2013/14 are based on year-end expenditure analysis report dated June 6, 2014.

(2) Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2014

Manitoba Health Services Insurance Plan
Five-Year Expenditure Summary

for years ending March 31, 2010 - March 31, 2014 (1)

Program	**2009/10 $(000s)**	**2010/11 $(000s)**	**2011/12 $(000s)**	**2012/13 $(000s)**	**2013/14 $(000s)**
Health Authorities and Facilities *(2)*	3,074,815	3,189,716	3,340,989	3,439,764	3,556,376
Medical *(3)*	885,943	963,115	972,948	1,033,443	1,135,290
Provincial Programs *(4)*	120,777	128,314	121,933	129,503	132,911
Pharmacare	234,741	240,384	249,223	244,348	240,772
Total	**4,316,276**	**4,521,529**	**4,685,093**	**4,847,058**	**5,065,349**

Footnotes:

(1) Prior year's comparative figures have been restated where necessary, to conform with the presentation adopted for the fiscal year ending March 31, 2014.

(2) Includes Funding to Health Authorities and Capital Funding.

(3) Includes fee-for-service, alternate payments, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.

(4) Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals, Prosthetic and Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.

Financial Report Summary Information

Manitoba Health Services Insurance Plan

Summary of Estimates
April 1, 2013 – March 31, 2014

DETAILS	2013/14 ESTIMATES ($000s)
2013/14 Main Estimates:	
Funding to Health Authorities	3,332,637
Provincial Health Services	138,698
Medical	1,144,228
Pharmacare	269,060
Capital Grants	166,974
2013/14 Estimates:	**5,051,597**

For the year ended March 31, 2014, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Provincial Consolidated Fund estimates and enabling appropriations totaled $5,051,597 in 2013/14. The Plan also received $15,970 in supplementary funding for a total budget of $5,067,567 for planned expenses.

MANAGEMENT REPORT

Management of Manitoba Health, Healthy Living and Seniors is responsible to the Minister of Health, Healthy Living and Seniors for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2014 have been prepared in accordance with Canadian public sector accounting standards.

Manitoba Health, Healthy Living and Seniors maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities.

The Office of the Auditor General is responsible to express an independent, professional opinion on whether the financial statements are fairly presented in accordance with Canadian public sector accounting standards. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,

"Original signed by"

Karen Herd, CA
Deputy Minister of Health, Healthy Living and Seniors

"Original signed by"

Nardia Maharaj, CMA, MBA
Assistant Deputy Minister and
Chief Financial Officer

Winnipeg, Manitoba
June 23, 2014

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

INDEPENDENT AUDITOR'S REPORT

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the accompanying financial statements of the Manitoba Health Services Insurance Plan, which comprise the statement of financial position as at March 31, 2014 and the statements of operations and accumulated surplus and net debt and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Manitoba Health Services Insurance Plan as at March 31, 2014 and the results of its operations and its cash flow for the year then ended in accordance with Canadian public sector accounting standards.

Office of the Auditor General

Office of the Auditor General
June 23, 2014
Winnipeg, Manitoba

500 - 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 office: (204) 945-3790 fax: (204) 945-2169
www.oag.mb.ca

MANITOBA HEALTH SERVICES INSURANCE PLAN

Statement of Financial Position

As At March 31, 2014
(in thousands of dollars)

	2014	2013
Financial Assets		
Cash	$ 5,786	$ 32,102
Funds on deposit with the Province of Manitoba	273,932	312,792
Due from:		
Province of Manitoba - vacation pay (Note 4)	121,663	121,663
Province of Manitoba - post employment benefits (Note 4)	128,177	128,177
Other Provinces and Territories	35,535	13,370
Other	38,134	25,299
	603,227	633,403
Liabilities		
Accounts Payable and Accrued Liabilities (Note 5)	351,169	308,134
Due to:		
Province of Manitoba	2,218	75,429
Province of Manitoba - vacation pay (Note 4)	121,663	121,663
Province of Manitoba - post employment benefits (Note 4)	128,177	128,177
	603,227	633,403
Accumulated Surplus and Net Debt	$ -	$ -

(The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.)

MANITOBA HEALTH SERVICES INSURANCE PLAN
Statement of Operations and Accumulated Surplus and Net Debt
For the Year Ended March 31, 2014
(in thousands of dollars)

	Budget 2014	Actual 2014	Actual 2013
Revenue			
Province of Manitoba - Grants	$ 5,067,567	$ 5,065,349	$4,843,730
Inter-provincial reciprocal recoveries - Hospital	67,977	64,937	49,291
Inter-provincial reciprocal recoveries - Medical	16,121	15,632	14,971
Third party recoveries	27,388	25,785	25,436
Miscellaneous	2,000	2,790	2,109
	5,181,053	5,174,493	4,935,537
Expenses			
Health Authorities and Facilities	3,602,943	3,640,248	3,505,830
Medical	1,170,352	1,160,562	1,057,690
Provincial programs	138,698	132,911	127,669
Pharmacare	269,060	240,772	244,348
	5,181,053	5,174,493	4,935,537
Annual Surplus and Net Debt	-	-	-
Accumulated Surplus and Net Debt, Beginning of Year	-	-	-
Accumulated Surplus and Net Debt, End of Year	$ -	$ -	$ -

(The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.)

MANITOBA HEALTH SERVICES INSURANCE PLAN
Statement of Cash Flow
For the Year Ended March 31, 2014
(in thousands of dollars)

	2014	2013
Operating Activities		
Annual Surplus (Deficit)	$ -	$ -
Changes in Working Capital:		
Due from:		
Province of Manitoba	-	-
Other Provinces and Territories	(22,165)	18,415
Other	(12,835)	(8,318)
Accounts Payable and Accrued Liabilities (Note 5)	43,035	(75,903)
Due to:		
Province of Manitoba	(73,211)	17,190
	(65,176)	(48,616)
Financing Activities		
Funds advanced from the Province of Manitoba	-	-
Increase (Decrease) in Cash and Funds on Deposit	(65,176)	(48,616)
Cash and Funds on Deposit with the Province, Beginning of year	344,894	393,510
Cash and Funds on Deposit with the Province, End of year	$ 279,718	$ 344,894
Consists of:		
Cash	5,786	32,102
Funds on Deposit with Province of Manitoba	273,932	312,792
	279,718	344,894

(The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.)

Manitoba Health Services Insurance Plan
Notes to the Financial Statements
For the Year ending March 31, 2014
(amounts in thousands of dollars)

1. Nature of Operations

The Manitoba Health Services Insurance Plan (the Plan) operates under the authority of the Health Services Insurance Act. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

2. Significant Accounting Policies

a. General

These financial statements have been prepared in accordance with Canadian public sector accounting standards.

b. Revenue Recognition

Grants from the Province of Manitoba are recognized in the period in which the funds are drawn from Provincial Appropriations.

Under inter-provincial reciprocal agreements Canadian residents can obtain necessary hospital and medical services while away from their home provinces or territories. Revenue related to reciprocal recoveries is recognized in the period that the services are provided.

Manitoba Health recovers amounts for hospital and medical services provided to individuals who are covered under other insurance plans, primarily Manitoba Public Insurance. Revenue related to third party recoveries is recognized in the period that the services are provided.

All other revenues are recognized at a gross amount on an accrual basis.

c. Financial Instruments

The financial instruments of the Plan consist of cash, funds on deposit, accounts receivable, accounts payable and accrued liabilities, and amounts due to the Province of Manitoba. All of the Plan's financial instruments are carried at cost. Transaction costs related to all financial instruments are expensed as incurred.

Impaired financial assets are written down to their net recoverable value with the write-down being recognized in the statement of operations.

d. Net Debt

Net Debt is equivalent to accumulated surplus as there are no non-financial assets.

e. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Items requiring the use of significant estimates include any allowance for doubtful accounts related to accounts receivable, and the estimation of accrued liabilities related to Health Authorities, Medical Service Claims, Pharmacare Claims, and General.

Actual results could differ from these estimates.

f. Administrative and Operating Expenses

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

3. Financial Instrument Risk Management

The Plan has exposure to the following risks from its use of financial instruments: credit; interest rate, and liquidity risk. Based on the Plan's small amount of foreign currency denominated assets, a change in exchange rates would not have a material effect on its Statement of Operations. There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

Credit risk

Credit risk is the risk that one party to a financial instrument fails to discharge an obligation and causes financial loss to another party. Financial instruments which potentially subject the Plan to credit risk include cash, funds on deposit, and accounts receivable.

Cash and funds on deposit are not exposed to significant credit risk. Cash is held with a large reputable financial institution and funds on deposit are held by the Province of Manitoba.

Accounts receivable are not exposed to significant credit risk. The majority of the amounts is due from the Province of Manitoba and other provinces and territories; both typically pay in full. No allowance for doubtful accounts is required.

Liquidity risk

Liquidity risk is the risk that the Plan will not be able to meet its financial obligations as they come due.

The Plan manages liquidity risk by maintaining adequate cash balances and by review from the Department of Health to ensure adequate funding will be received to meet its obligations.

4. Employee Benefits

The Plan revised, in 2005, its funding arrangements related to vacation pay and post employment benefits. Prior to 2005, the Plan did not fund the annual vacation leave earned by employees of the Regional Health Authorities (Health Authorities) and Health Care Facilities (Facilities) until the year vacations were taken. As well, the Plan did not fund post-employment benefits earned by employees of Health Authorities and Facilities until those post-employment benefits were paid. Funding is now provided as vacation pay and post employment benefits are earned by employees subsequent to March 31, 2004.

The amount recorded as due from the Province – vacation pay was initially based on the estimated value of the corresponding liability as at March 31, 2004. Subsequent to March 31, 2004, the Province has included in its ongoing annual funding to the Plan, an amount equal to the current year's expense for vacation pay entitlements.

The amount recorded as due from the Province – post employment benefits is the value of the corresponding actuarial liability for post employment costs as at March 31, 2004. There has been no change to the value subsequent to March 31, 2004 because the Province has provided, in its ongoing annual funding to the Plan, an amount equivalent to the change in the post employment liability including annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the related post employment liabilities.

5. Accounts Payable and Accrued Liabilities

	2014	2013
Health Authorities and Facilities	**$197,304**	$154,547
Provincial Health Services	**3,208**	3,817
Medical Service Claims	**115,484**	115,231
Pharmacare Claims	**15,998**	13,015
General	**19,175**	21,524
	$351,169	$308,134

6. Expenditures for Hospital, Medical, and Other Health Services

The following table summarizes expenditures including accrual impact during the fiscal year.

Hospital service payments include services that an insured person is entitled under the Plan to receive at any hospital, surgical facility or personal care home without payment except for any authorized charges that he or she may be liable to pay are:

- in-patient services and out-patient services in a hospital and out-patient services in a surgical facility;
- such services in a hospital as may be specified in the regulations as being additional hospital services that an insured person is entitled to receive under the Plan; and
- subject to any special waiting period in respect of personal care prescribed in the regulations, and subject to meeting the admission requirements for the personal care home personal care provided in premises designated as personal care homes.

Medical service payments include all services rendered by a medical practitioner that are medically required but does not include services excepted by the regulations.

Other health service payments include chiropractic, optometric, or midwifery services, or to services provided in hospitals by certified oral surgeons, or to the provision of prosthetic or orthotic devices, or to any or all of those services.

	2014	2013
Hospital Services	**$3,008,358**	$2,907,580
Medical Services	**1,135,011**	1,035,184
Other Health Services	**42,804**	38,364

7. Economic Dependence

The Plan is economically dependent on the Province of Manitoba for its funding.

8. Related Party Transactions

In addition to those related transactions disclosed elsewhere in these financial statements, the Plan is related in terms of common ownership to all Province of Manitoba created departments, agencies and Crown corporations. The Plan enters into transactions with these entities in the normal course of business. These transactions are recorded at the exchange amount.

9. The Public Sector Compensation Disclosure Act

The Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act is included as part of the Annual Report of Manitoba Health.

10. Comparative Figures

Certain of the prior year's figures have been reclassified to conform to the current year's presentation

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

INDEPENDENT AUDITOR'S REPORT

To The Legislative Assembly of Manitoba
To the Minister of Health

We have audited the accompanying Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2014 ("the Schedule"). The Schedule has been prepared by management based on Sections 2 and 5 of The Public Sector Compensation Disclosure Act.

Management's Responsibility for the Schedule

Management is responsible for the preparation of the Schedule in accordance with Sections 2 and 5 of The Public Sector Compensation Disclosure Act and for such internal control as management determines is necessary to enable the preparation of the Schedule that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the Schedule based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the Schedule is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Schedule. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Schedule, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the Schedule in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, made by management, as well as evaluating the overall presentation of the Schedule.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial information in the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2014 is prepared, in all material respects, in accordance with Sections 2 and 5 of The Public Sector Compensation Disclosure Act.

Basis of Accounting

Without modifying our opinion, we draw attention to the Basis of Accounting note to the Schedule, which describes the basis of accounting. The Schedule is prepared to assist the entity to meet the requirements of Sections 2 and 5 of The Public Sector Compensation Disclosure Act. As a result, the Schedule may not be suitable for another purpose.

Office of the Auditor General

Office of the Auditor General
June 23, 2014
Winnipeg, Manitoba

500 - 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 office: (204) 945-3790 fax: (204) 945-2169
www.oag.mb.ca

Manitoba Health Services Insurance Plan
The Public Sector Compensation Disclosure Act
Schedule of Payments for Fiscal Year Ended March 31, 2014

Basis of Accounting

This Schedule of Payments is published in compliance with the provisions of "The Public Sector Compensation Disclosure Act".

The Act requires the publication of the name of every person who receives $50,000 or more in the fiscal year for providing services to insured persons under The Health Services Insurance Act, and the amount paid to each. It should be noted that the payments reported for physicians represents their fee-for-service amounts only. The payments reported do not include payments that a physician may receive from alternate sources such as salary and contract payments, sessional payments, on-call stipends, etc.

The fee-for-service payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory, nuclear medicine and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.

Persons reading these data should understand that:

- *These data provide only a record of gross payments made by Manitoba Health to the practitioner.*
- *A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.*
- *As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.*

Abbott B B	$197,418
Abbu G P	$200,999
Abdalla S E E	$395,506
Abdulrehman A S	$364,447
Abell W R	$110,209
Abidullah M	$389,675
Abrams E M	$86,182
Abujazia A	$475,305
Adam C J E	$198,018
Adam-Sdrolias H L	$186,725
Adams D W	$113,910
Adduri V R	$261,606
Afifi T J	$1,424,314
Aguilar R P	$58,542
Ahluwalia R S	$421,443
Ahmad E	$411,605
Ahmad S N	$281,855
Ahmadi Torshizi O	$63,018
Ahmed M	$230,894
Ahmed N	$143,255
Ahmed S	$209,536
Ahweng A	$286,655
Ahweng A G	$843,671
Aiken A	$158,712
Ainley A	$75,925
Ainslie M D	$226,471
Akintola O	$753,439
Akra M A	$155,361
Al Essawi T	$409,033
Al Gurashi F	$505,608
Al Wadi K A	$172,551
Al Wazzan A B	$64,322
Al-Kaabi A	$291,774
Al-Kadhaly M	$130,716
Al-Moumen Z	$146,566
Al-Somali F M	$187,701
Alai M	$104,456
Albak R E	$355,584
Alevizos I	$65,447
Ali A M	$168,325
Ali M B	$505,209
Ali M A E	$99,253
Ali T K	$230,136
Aljafari A	$240,942
Allan D R	$625,361
Almalky A	$776,753
Almoustadi W A	$228,908
Altman A	$581,363
Altman G N	$276,857
Alto L E	$580,806
Amadeo R J J	$373,926
Ambrose D J	$374,045
Amede K H	$429,583
Anashara F H	$203,822
Anastasiades L	$101,712
Anderson A	$90,509
Anderson B R	$350,321
Anderson B	$230,406
Anderson D M	$178,957
Anderson E	$51,376
Anderson M	$115,581
Anderson R A	$368,320
Anderson S D	$129,639
Anderson T	$163,685
Andreiw A	$163,466
Andrew C	$652,860
Anhalt Hicks C D	$832,980
Anozie C B	$477,598
Ansar R	$405,525
Anton A	$107,805
Anton A	$110,484
Antonissen L A S	$148,289
Anttila L K	$579,956
Anyadike I O	$334,686
Aoki F Y	$204,633
Appendino J P	$151,240
Aragola S	$510,253
Araneda M C	$125,903
Arara M	$77,151
Armas Enriquez A T	$265,724
Armstrong B	$414,043
Armstrong S(3)	$1,123,097
Arneja A S	$363,174
Arneja J	$415,015

Arnott P C	$373,725
Arya V	$164,300
Ashcroft R P	$250,332
Ashique A	$116,908
Ashton M	$75,881
Askarifar R	$408,288
Assaad H M A	$301,338
Asskar R	$530,476
Assuras G N	$412,454
Atalla N G	$197,204
Athaide M	$57,414
Atkinson R	$252,338
Atwal J	$265,599
Avila Flores F[2]	$586,341
Awad J	$431,686
Awadalla A	$739,504
Azer N	$666,149
Azer N N	$312,001
Aziz A N N	$523,411
Azzam H M	$89,171
Azzam L	$182,480
Babick A P	$201,568
Babick T R	$602,191
Bacily M A	$367,496
Badenhorst F	$292,896
Badenhorst L	$50,897
Bagry H	$306,511
Bahrami T	$623,088
Baidwan S K	$83,619
Bailes M	$157,098
Baillie C	$562,121
Baker C	$731,966
Bal S	$293,550
Balachandra B	$148,696
Balageorge D	$424,022
Balcha B	$63,232
Balko G	$335,639
Ball F	$275,881
Ballen J L	$290,846
Banerji S	$81,784
Banerji V	$96,895
Banmann D S	$299,390
Barac I	$351,491
Barac S	$189,679
Barber L	$230,000
Barc J	$269,289
Bard R J	$369,605
Baria K	$253,887
Barker M F	$644,256
Barkman J M	$262,671
Barnes J G	$283,876
Barnes W R	$107,103
Baron C M	$363,805
Baron K	$471,746
Barron L W	$382,490
Barske H L	$266,976
Barteaux B	$168,655
Bartlett L C	$195,142
Bashir B	$329,301
Basson A	$120,206
Basson H J	$406,116
Basta A F	$73,830
Battad A B	$233,896
Baydock B	$140,718
Bayer C	$104,544
Beaudette R M	$152,772
Beaumont I D	$91,439
Becker A	$231,645
Becker M	$52,375
Beckstead J E	$102,021
Bedder P	$336,208
Bedi B	$324,400
Beiko J	$136,453
Beldavs R A	$1,236,884
Bell D D	$104,249
Bellan L	$581,630
Bellas J	$203,187
Bellisario T	$195,866
Benade E	$202,181
Benning H S	$1,084,643
Benoit A	$360,085
Benshaban L	$220,300
Benzaglam A	$329,122
Berard F C	$53,235
Bereznay O	$389,671
Bergen J	$280,828
Bergman A D	$280,613
Bergman E	$211,774
Bermack B A	$323,985
Bernier M	$688,869
Bernstein C N	$557,431
Bernstein K	$398,616
Berrington N R	$132,633
Beshara E I A	$228,795
Best R L	$400,899
Bhangu M	$172,705
Bhanot P	$310,187
Bhayana R K	$332,523
Bhayana R	$339,911
Bhullar R S	$243,828
Biala B	$432,859
Bialy P C	$346,533
Bibi M	$478,516
Billinkoff E N	$365,065
Bilos R J	$217,678
Birk P	$142,252
Birt D	$363,905
Bishay F S	$57,571
Bishay W	$342,327
Bisson J	$64,823
Bissonnette A	$331,321
Black D R	$108,459
Black G B	$145,281
Blais A	$72,459
Blakley B W	$185,898
Blampy J R	$122,203
Blouw R H	$338,747
Blydt-Hansen T D	$81,828
Blyth S	$337,072
Bock G	$293,307
Bodnarchuk T R	$161,704
Boguski G	$95,158
Bohm C J	$333,285
Bohm E R	$386,287
Bohn J A	$438,229
Boktor H	$112,136
Bolton D R	$332,192
Bolton J M S	$119,828
Boman J	$220,601
Book B H	$79,747
Bookatz B J	$306,058
Booth F	$122,769
Booth S A	$599,980
Booy H	$393,589
Borkowsky K	$88,821
Boroditsky A	$113,117
Boroditsky L M	$139,533
Boroditsky M	$266,324
Boroditsky M L	$512,217
Boroditsky R S	$120,259
Borrett G F	$308,423
Borys A E	$395,676
Botha A	$182,341
Botha D	$364,697
Bourassa B	$67,574
Bourdon N	$91,672
Bourque C N	$387,236
Boustcha E	$296,986
Bovell F M	$286,697
Bow E	$129,517
Bowman M N	$173,174
Boyd A J	$396,191
Bracken J	$188,847

Bracken J H	$418,712
Brackenreed N	$169,458
Bradley B D	$188,034
Bradshaw C D	$286,781
Brandes L J	$180,843
Brar A	$153,127
Brar K	$398,726
Braun E	$261,429
Braun J	$119,242
Braun K Y	$181,912
Breckman D K	$405,474
Breckman G L	$242,555
Bretecher G	$531,278
Brett M J	$246,685
Brinkman R J	$371,887
Brinkman S	$331,038
Bristow K	$129,010
Broda R J	$149,006
Brodovsky S C	$713,429
Brooker G(2)	$383,819
Brown H J	$94,092
Brown R	$353,618
Brownell L	$228,017
Bruce K	$60,440
Bruneau M R	$327,438
Bshouty Z	$223,624
Buchel E W	$959,129
Buchel T L	$160,916
Buchik G M	$169,729
Budolowski B A	$58,348
Buduhan G	$207,345
Bueddefeld H D	$422,872
Buenafe J	$416,171
Bueti G	$649,157
Buffie J	$71,658
Buffie T	$164,016
Buffo Sequeira I	$182,130
Bullard J	$97,648
Bullen S A	$134,790
Bullock Pries K R	$133,992
Bunge M K	$382,613
Burnell C D C	$595,751
Burnet N	$357,198
Burnett C J	$255,486
Burnett C J	$90,166
Burnett M	$209,856
Burnett M	$267,594
Burnette D M	$340,271
Burtch D	$56,982
Burym C J	$472,822
Butler J B	$269,925
Butler N	$491,292
Butt S	$105,973
Butterworth G S	$53,418
Bynkoski S A	$151,172
Calderon-Grande H E	$247,534
Calhoun L L	$86,517
Calin D N	$222,733
Cameron M R	$52,166
Camoriano Nolas G D	$249,189
Campbell B	$228,922
Campbell G	$294,363
Campbell N	$160,131
Canadas L A	$219,764
Caners D	$638,782
Caners T	$137,584
Cannon J E	$121,711
Canteenwala S	$54,355
Cantor M J	$496,065
Caplan A H	$252,245
Caplan D C	$277,578
Cappellani R B	$388,374
Carpenter N	$392,673
Cartagena R A	$434,748
Carter C	$62,131
Carter R	$223,410
Casey A R	$236,833
Caswell B	$148,137
Caswill M	$268,967
Cattani L	$156,848
Cavallo D	$441,541
Cavers K J	$254,595
Chakraborty A R	$305,067
Chale K	$66,517
Chan E L	$309,880
Chan J J	$180,934
Chan L H	$378,095
Chan T	$226,158
Chapman L	$893,930
Chatel N L	$126,134
Chau J K M	$131,602
Chenier D	$63,998
Chenier P	$61,459
Cherian R	$115,146
Chernish G M	$72,874
Cheung L K	$118,782
Chimilar J D	$50,576
Chin D	$1,345,869
Cho P A	$711,186
Chochinov P H	$283,115
Chodirker B N	$277,449
Chopra A	$427,976
Choptiany R B W	$204,799
Choptiany T I	$303,393
Chow C	$406,170
Chow H	$131,869
Chow M	$66,775
Chowdhury A D	$209,666
Chowdhury T	$116,291
Choy S C	$278,499
Christodoulou C C	$428,031
Chubaty R A	$463,806
Chudley A E	$155,621
Chung L	$398,762
Ciecierski D	$236,970
Cisneros N	$638,723
Clark I H	$228,637
Clark M A	$282,098
Clark S G	$300,961
Clark T A	$303,885
Clayden G	$552,615
Cleghorn S	$611,045
Coates K R	$548,693
Cochrane D	$110,470
Cohen B A	$826,524
Cohen M A	$55,952
Collin M B	$232,098
Collison L M	$282,436
Collison S	$114,808
Connelly P	$97,505
Connor D	$732,547
Connor G T	$169,310
Consunji-Aranet R	$166,277
Convery K	$391,098
Coodin M G	$308,413
Coodin S Z	$113,453
Cooke A L	$242,397
Coombs J	$314,456
Corbett C	$539,244
Corbett R P	$72,479
Cordova J L	$222,593
Cordova Perez F	$193,242
Corne S I	$542,027
Cossoy M	$62,708
Cowden E	$269,484
Coyle S J	$265,098
Cram D H	$706,547
Cranston M E	$151,526
Craton N	$127,704
Crawford D	$222,822
Cristante L	$1,139,711
Crockett M	$104,322
Cronin R J	$226,720

Crosby J A	$588,885
Cross R	$359,765
Crust L J	$94,540
Csupak E M	$272,604
Cumming G	$62,191
Cummings M L	$360,539
Cuvelier G	$70,895
Czaplinski J E	$108,252
Czaplinski K	$310,073
Czaplinski P R	$74,935
Czarnecka M M	$214,510
Czarnecki W	$493,462
Czaykowski P M	$198,338
D'Mello A	$91,060
Da Silva H	$73,700
Da Silva L M	$401,481
Dabrowski P T	$126,998
Daeninck P J	$182,930
Dakshinamurti S S	$287,709
Dalling G N	$271,987
Dandekar A S	$488,225
Dang T H	$320,372
Daniels V	$169,012
Dao V V B	$184,818
Darczewski I	$293,686
Darichuk L G	$93,622
Dart A B	$77,179
Dascal M A	$391,727
Dashefsky S M(2)	$507,617
David M F	$354,799
Davidson J M(2)	$4,901,934
Davis M H	$81,120
Davis M O	$425,997
Davloor R	$172,388
Day M	$77,634
Daya J J	$428,000
Daymont C B	$81,724
De Gussem E M	$72,819
De Jager J	$139,488
De Klerk R R	$75,906
De Korompay V	$332,973
De Moissac P C	$377,341
De Muelenaere P	$1,284,782
De Rocquigny A J	$521,498
De Wit S L	$618,888
Dean E C	$413,981
Dean H	$67,613
Debnath P K	$101,369
Debrouwere R G	$371,969
Decock C	$115,408
Decter D	$456,138
Dekoninck T	$61,703
Demsas H	$378,564
Deneau M	$96,741
Denis J P	$349,858
Deonarine L	$438,557
Deong P J	$396,982
Derzko L	$84,909
Desmarais G P	$140,919
Desmond G H	$395,364
Deutscher R	$373,050
Dhaliwal J S	$501,184
Dhaliwal M	$59,764
Dhaliwal R	$81,121
Dhalla S S	$1,308,391
Dhanjal P	$203,418
Dharamsi N	$124,345
Dhindsa N	$160,243
Diamond H D	$81,528
Dillon J D	$354,978
Dillon L G	$103,752
Dillon T	$67,160
Diocee R	$71,299
Dionne C	$419,110
Dissanayake D	$291,403
Dixon N L	$59,737
Dizon A M	$114,657
Do K M	$247,381
Doak G J	$261,398
Doan Q	$224,433
Docking L M	$263,869
Doermer E	$416,647
Doerr J J	$395,007
Dolynchuk K N	$267,288
Dominique F	$193,452
Domke H	$345,053
Domke S	$341,260
Dookeran R	$1,426,032
Dornn B	$159,247
Dowhanik M A	$128,194
Dowhanik P B J	$144,518
Downs A C	$415,788
Doyle J	$52,818
Doyle J	$165,594
Drachenberg D E	$677,939
Drain B	$136,902
Dressler G R	$71,512
Drew E	$82,080
Drewniak A	$222,931
Drexler J	$517,898
Dreyer C	$88,763
Du G	$95,849
Du Plessis M M	$67,075
Du Plooy J	$244,568
Du Preez J	$170,165
Du Toit L L	$131,580
Dubberley J	$354,638
Dubyna D	$554,526
Ducas D A	$160,125
Ducas J	$642,500
Dueck D	$366,861
Duerksen C	$565,983
Duerksen D R	$522,648
Duerksen K	$79,572
Duerksen M T	$331,263
Duff B D	$176,338
Duke P C	$82,139
Dumatol-Sanchez J	$518,431
Dumont R	$52,264
Duncan S J	$502,709
Dunford D A	$139,341
Dunsmore S E	$413,675
Dupont J O(4)	$643,415
Duval R	$225,880
Dyck G H	$490,913
Dyck M P	$260,030
Dzikowski D R	$427,004
Eaglesham H(2)	$1,020,211
Earl K D G	$265,894
Ebbeling-Treon L	$291,704
Edward G	$419,536
Edye-Rowntree J A	$167,634
Egan M M	$171,201
Egey-Samu Z	$134,025
Eggertson D	$363,080
Eghtedari-Namin F	$254,542
Ehsaei F	$100,258
El-Gaaly S A	$259,575
El-Gabalawy H S	$59,164
El-Matary W M M	$183,706
Elahiyoun K	$59,720
Elbardisy N	$575,234
Eleff M K	$161,989
Elgazzar R F	$97,012
Elias K	$452,932
Elkams S N B	$358,987
Elkhemri A M	$560,345
Elkin J	$274,762
Elkin M S	$359,258
Elliott J	$225,625
Elliott J	$354,116
Elves E	$788,516
Embil J M A	$641,963

Embree J E	$77,520
Emery C	$353,508
Emhamed M	$190,981
Eng S	$393,626
Engel C	$196,075
Engel J S	$660,440
Engelbrecht J F	$315,121
Engelbrecht S	$341,620
Enns J P	$584,758
Erfanfar A	$95,184
Erhard P	$109,767
Eschun G M	$109,514
Eshghi Esfahani F	$527,982
Eskandargergies S	$199,020
Eskarous S	$494,088
Esmail A	$608,664
Espenell A E	$381,461
Essa R A A	$131,748
Esser C M	$71,981
Ethans K D	$151,590
Evans H	$92,638
Evans M J	$126,614
Ewert F J	$346,483
Fagbemigun A	$192,336
Fainman S E	$213,184
Falconer T	$111,280
Faltas S	$369,476
Falusi B	$82,114
Famouri S	$349,395
Fanella S T	$117,457
Fast M D	$365,300
Fatoye A	$129,187
Feasey D	$86,533
Feasey K	$53,728
Fedorow C	$343,018
Feierstein M	$185,298
Ferguson D A	$148,146
Finlayson N A	$194,931
Finney B A G	$263,607
Fiorentino E J F	$98,902
Fisher M	$127,378
Fishman L	$413,951
Fitzgerald M	$268,771
Fjeldsted F H	$384,680
Flattery P M	$169,625
Fleisher M L	$107,927
Fleisher W P	$111,093
Fleming F L	$350,684
Fletcher C W	$287,427
Foda A H	$93,650
Foerster D R	$357,309
Fogel R B	$123,716
Folk D M	$59,763
Fong H	$337,742
Fontigny N J	$335,869
Fotti C P	$256,636
Fotti S A	$224,431
Fourie T	$381,457
Frame H	$299,507
Francois J M G	$51,495
Fraser D B	$60,532
Fraser M B	$298,581
Frechette C	$208,043
Frechette M	$400,456
Frechette S C	$423,785
Frederick D V	$78,064
Fredette P	$329,021
Freed D H	$448,480
Freedman J I	$123,355
Freitas E A	$66,114
Friesen J	$318,855
Friesen S	$69,080
Froese W	$189,919
Frohlich A M	$532,192
Fuchs G R	$343,178
Fung H(2)	$593,349
Funk D J	$252,881
Fuzeta G	$167,341
Gabor J	$174,420
Gabriel M	$144,662
Galenzoski K J	$208,983
Galessiere P F	$711,695
Galimova L	$486,091
Gall R M	$501,862
Gallagher K	$187,034
Garba S	$731,215
Garber L	$538,006
Garber P J	$260,891
Gard S	$376,895
Gatha M S	$130,427
Gauthier S W	$71,027
Gayed A	$116,143
Gdih G A M	$1,367,385
Geneve M	$449,359
George R H	$228,568
Georgi M	$73,714
Gera R M	$609,308
Gerber J D W	$250,608
Gerges H F	$94,291
Gergis E S	$63,034
Gerstner T V	$363,182
Gertenstein R J	$457,811
Ghebray T M	$239,644
Ghebrial M S N	$461,781
Ghoneim M S	$414,014
Ghosh S	$95,875
Ghrooda E	$121,509
Giannouli E	$532,993
Giesbrecht D R	$320,047
Giesbrecht J E	$185,415
Giles B L	$62,084
Gill B	$171,606
Gill D	$76,345
Gill E	$309,990
Gill R S	$116,467
Gillespie B	$860,166
Gillespie J L	$266,953
Gillette A	$147,224
Gillman L	$170,106
Gillman M	$88,823
Gilmore J	$61,797
Gingerich J R	$179,328
Gingerich R	$224,789
Girard J	$413,335
Girgis F S	$424,970
Girgis H E	$307,168
Giuffre J	$489,402
Glacken R P	$299,215
Glazner K A	$330,408
Glenn D M	$118,269
Glew W B	$258,606
Glezerson G	$541,095
Globerman D	$155,465
Goeke F	$312,164
Goerz P G	$133,744
Goldberg A	$74,169
Goldberg N	$271,368
Goldenberg D	$447,444
Gomori A J	$267,192
Gonzalez-Pino F	$269,360
Gooi A C	$323,454
Gooi T H	$566,771
Gooi T L	$142,014
Goossen M	$764,743
Goossen R	$62,581
Gorcharan C	$54,590
Gordon J	$463,866
Gordon V	$188,771
Goubran A W	$875,307
Gouda F F	$260,147
Gould L F	$432,223
Goulet S C	$236,690
Govender P	$351,440

Governo N J	$314,514
Goyal V	$67,154
Goytan M J	$1,458,146
Grabowski J L	$460,432
Grace K J	$272,464
Graham C P	$403,030
Graham K	$495,705
Graham M R	$173,144
Graham R	$112,310
Grant A L	$81,947
Grass S B	$420,482
Gratton R	$236,289
Gray M G	$305,422
Greenberg C R	$92,327
Greenberg H M	$298,927
Gregoire S A	$125,664
Gregoryanz T	$303,821
Grenier D	$135,041
Greyling L D L	$257,936
Griffin J	$134,829
Griffin P	$184,821
Griggs G	$245,473
Grimes R B	$285,054
Gripp K E	$74,854
Grobler W P	$361,605
Grocott H P	$322,016
Groenewald L H	$147,577
Groohi B	$308,262
Groves L	$289,258
Gudmundson C	$344,297
Guindi N S	$453,325
Guindy S	$430,647
Gujral P	$353,157
Gulati H	$422,774
Gumber R	$65,245
Gupta A	$313,018
Gupta C K	$57,890
Gupta D K	$483,761
Guzman R	$518,335
Gwozdecki T M	$307,000
Haberman C J	$342,485
Haggard G G	$424,751
Hahlweg K A	$213,048
Hai M A	$282,705
Haiart D C	$82,304
Hajidiacos N	$165,898
Haleis A R	$300,695
Haligowski D	$312,887
Hall A D	$111,368
Hallatt D	$125,342
Hamedani R	$472,858
Hameed K A	$442,257
Hamilton J M	$166,531
Hamilton K A	$72,112
Hammell J	$245,142
Hammond A W	$554,949
Hammond G W	$247,155
Hancock B J	$146,256
Hanlon-Dearman A C	$131,711
Hanna I	$302,404
Hanna M	$302,609
Hanna M	$274,878
Hanna M H	$195,113
Hanna N S	$162,860
Harding G A J	$73,965
Harding G E	$633,147
Hardy B(2)	$651,551
Hardy K M	$174,794
Haresha A	$573,336
Harms S	$415,007
Harrington M W	$288,377
Harris P	$736,568
Harrison W D(2)	$1,423,226
Hartley D M	$397,607
Hasan M	$116,345
Hasdan G	$334,490
Haseeb S	$53,488
Hashem F A	$498,224
Hashmi S	$484,725
Haverluck B L	$60,348
Hawaleshka A	$314,161
Hawe R D	$383,346
Hayakawa T E	$597,562
Haydey R P	$1,118,722
Hayward J F	$166,493
Hayward R J	$581,346
Hebbard P	$399,731
Hechler P	$191,612
Hechtenthal N	$232,687
Hedden D R	$613,629
Hedden J R	$211,630
Heese H	$66,247
Heibesh S G F	$856,201
Heidenreich W	$139,372
Heinrichs K M	$174,053
Helms J B	$608,222
Henderson B(2)	$4,720,454
Henry D W	$274,766
Henry S F	$104,071
Hercina C	$88,677
Hershfield E S	$158,464
Hiebert T(5)	$94,062
Hiebert T(5)	$98,766
Higgins R(2)	$271,629
Hildebrand B C	$209,232
Hilderman L	$231,738
Hildes Ripstein G E	$150,859
Hitchon C	$150,259
Hlynka A	$450,537
Ho J	$124,494
Ho K S	$60,778
Hobbs C L	$52,746
Hobson D E	$362,106
Hochman D J	$662,703
Hochman J	$346,115
Hochman M	$378,184
Hohl C M	$73,993
Holden S	$58,252
Holder F	$268,323
Holland-Muter E	$267,701
Holmes C	$155,683
Holmes J	$245,753
Holroyd D	$84,775
Holyk B	$98,740
Homik L	$844,337
Honiball J J	$540,063
Hooper D	$581,114
Hooper W M	$295,097
Hosegood G	$87,007
Houston D S	$92,064
Hoy C S	$96,733
Hoy G J	$183,304
Hoy M L	$235,572
Hrabarchuk B	$345,890
Huebert D M	$482,829
Huebert H T	$82,623
Hughes P	$180,333
Hughes P M	$307,929
Hughes S C	$58,601
Hunt D A	$207,700
Hunt J	$451,830
Hunter C	$348,489
Hurd C	$189,789
Hurst L D	$596,727
Husarewycz M N	$116,355
Husarewycz S	$379,044
Hussain F	$1,065,040
Hussain S	$339,378
Hutchison T	$250,310
Hutfluss G J	$403,262
Hyman J R	$185,202
Hynes A F	$258,827
Ibbitt C J	$241,585

Ibrahim A F A	$617,646
Ibrahim M	$96,042
Ilchyna D C	$290,297
Ilnyckyj A	$407,187
Ilse W K	$309,629
Imam I E B	$443,652
Ingimundson J C	$66,788
Inglis D	$518,749
Ingram P F	$181,221
Intrater H	$467,539
Ip A	$395,629
Iqbal I	$467,558
Ireland W	$55,999
Irving J E	$369,396
Isaac C	$302,501
Isaacs R L	$130,002
Iskander S S G	$459,951
Iskander S F	$403,824
Islur A	$492,450
Ismail I	$106,846
Israels S J	$60,772
Itzkow B	$250,621
Ivey J	$177,459
Jabs M	$89,754
Jackson A	$132,980
Jackson J H	$71,889
Jacob M V(2)	$1,017,143
Jacob T K	$134,986
Jacob V C	$670,859
Jacobs J	$537,913
Jacobsohn E	$178,181
Jaeger C	$323,870
Jagdeo A	$343,139
Jain M	$717,360
Jain N K	$127,416
James J M	$177,739
Jamieson M J	$54,557
Jamora E	$117,778
Janjua M M	$282,530
Jansen Van Rens N	$627,440
Jason M	$146,463
Jassal D	$527,995
Jebamani S	$257,361
Jellicoe P	$205,934
Jenkins K A	$84,196
Jenkinson D	$58,050
Jensen B	$74,101
Jensen C W B	$370,293
Jensen D M	$487,493
Johnson A W	$54,040
Johnson B	$295,371
Johnson C	$214,742
Johnson D	$670,081
Johnson M G	$1,163,923
Johnson R G	$290,180
Johnston C	$93,520
Johnston J B	$177,664
Johnston J L	$144,584
Jones J L	$297,720
Jones J	$177,196
Joshua J M	$292,892
Joundi M G	$428,581
Jovel R E	$267,218
Jowett A	$356,648
Junaid A	$379,467
Kabani A M(1)	$209,302
Kaethler W	$377,804
Kahanovitch D	$246,985
Kaita K D E	$464,265
Kaldas N N R	$205,833
Kaler J	$62,343
Kalicinsky C	$151,425
Kalturnyk B P	$148,905
Kania J	$705,625
Kanwal J	$217,161
Kaplan J	$170,745
Karlicki F(2)	$502,080
Karpinski M E	$480,065
Karvelas J	$176,314
Karvelas L M	$63,826
Kashin R S	$192,027
Kasper K D	$251,453
Kass M	$934,222
Kassier K	$683,484
Kati A A	$278,154
Katz G A	$359,849
Katz L	$126,640
Katz M D	$348,742
Katz P	$88,012
Katz P	$186,319
Kaufman R	$60,827
Kaufmann A M	$113,265
Kaur B	$65,276
Kaushal R D	$544,831
Kayler D E	$671,620
Kearns K	$202,588
Keddy-Grant J	$285,824
Kehler T	$88,961
Keijzer R	$115,889
Kelleher B E	$98,891
Kelleher S	$127,242
Kellen P	$367,135
Kellen R I	$705,665
Kemkaran K	$295,587
Kennedy M F	$284,842
Kepron W	$311,673
Kerr L	$134,797
Kerr P D	$354,441
Kettler J J	$109,573
Kettner A	$168,108
Keynan Y	$167,293
Khadem A	$563,579
Khan A H	$419,009
Khan N M	$456,883
Khan S A	$138,376
Khan S J	$375,369
Khanahmadi S	$477,563
Khandelwal A S	$553,801
Khangura D	$562,323
Kharma N	$219,839
Khelil A I	$286,574
Khoo C	$204,931
Khoury M	$62,262
Kilada B F N	$324,702
Kim H K	$256,118
Kimelman A L	$171,482
Kindle G F(2)	$739,402
King T D	$130,231
Kinnear D	$366,329
Kinsley D C	$454,740
Kippen J D	$248,639
Kippen R N	$339,148
Kirkpatrick I D C	$625,808
Kirshner A	$361,632
Kish S L	$233,406
Kisil D	$56,156
Klaponski S	$150,672
Klar G	$207,860
Klassen D H	$313,302
Klassen L J	$137,576
Klassen N F	$286,760
Klassen O	$132,774
Klassen R	$125,831
Kliewer K	$390,476
Klippenstein N L	$779,176
Kloppers A A	$456,027
Kloss R	$53,309
Klym K L	$143,722
Knezic K A	$190,697
Koczanski R	$143,547
Koenig J K	$928,063
Koensgen S J	$157,015
Kogan S	$314,901

Koh C	$154,364
Kohja A A	$284,965
Kojori F	$248,210
Kolt A M	$111,976
Koltek M M	$109,357
Komenda B W	$246,600
Komenda P V J	$763,610
Kong A M C	$180,560
Koodoo S R	$383,551
Kos G P	$54,650
Kosowan M R	$367,547
Kostyk R	$57,004
Kotecha Y	$401,774
Koulack J	$690,594
Kousonsavath R	$162,511
Koven S	$57,265
Kovnats S	$115,867
Kowalchuk I J	$344,864
Kowalski S	$248,637
Kowaluk B A	$56,779
Krahn C	$278,162
Krahn J	$339,983
Krahn M	$74,067
Kramer M	$252,857
Kraut A	$96,123
Krcek J P	$72,192
Kredentser J	$53,346
Kremer S	$113,662
Kreml J	$330,525
Kroeker L R	$386,794
Kroeker M A	$110,277
Kroft C D L	$165,840
Krongold I	$93,441
Krongold P	$225,692
Kruk R D	$379,059
Krzyzaniak K M	$267,278
Kucparic P	$59,372
Kuegle P F X	$407,880
Kumar A	$490,039
Kumar R	$132,136
Kumbharathi R B	$158,831
Kuo B	$303,900
Kyeremateng D	$368,638
Labella L	$50,915
Labiyaratne C	$60,730
Lacerte M M	$252,617
Lafournaise C L	$250,063
Lage K L	$251,817
Lagowski M C	$176,159
Lam C C	$108,918
Lam D S C	$307,597
Lam H P	$1,224,520
Lamb J A	$203,316
Lamba K S	$247,201
Lambert D A	$245,895
Lambrechts H	$283,773
Lander M	$98,238
Lane E S	$305,856
Lane M A	$143,777
Lang C	$321,784
Langan J T	$368,596
Langridge J K	$327,392
Large G	$323,902
Larue L B	$83,800
Lau Y	$574,964
Laurencelle R	$82,981
Lautenschlager E	$114,639
Lavallee B	$87,553
Lavitt G	$60,712
Law J R	$94,414
Lawrence P H	$556,592
Lazar M H	$337,693
Lazareck S L	$160,916
Lazarus A	$453,235
Le Roux P C	$450,670
Leader E	$64,614
Lebedin W W	$351,109
Lecuyer N S	$61,645
Lee C H Y	$290,172
Lee F F	$385,887
Lee G Q	$219,696
Lee H B	$410,227
Lee J J Y	$584,644
Lee S	$921,750
Lee T J	$327,227
Lee T W	$426,891
Lee V K	$729,839
Lee-Kwen J	$85,649
Lee-Wing M W	$849,901
Leen D A	$251,718
Lefevre G R	$57,795
Lehmann H	$103,570
Lei B T C	$383,798
Leicht R	$1,857,362
Leitao D J	$375,501
Lekic P C	$118,322
Leloka C M	$454,668
Lemoine G G	$198,536
Lemon K	$76,251
Lemon P W	$244,376
Lerner N	$341,842
Lesiuk T P	$80,363
Leslie H	$63,851
Leslie O J	$83,705
Letkeman R C	$216,624
Leung E	$105,576
Leung Shing L P	$247,798
Levi C S	$474,581
Levin B L	$429,647
Levin G	$77,239
Levin H	$269,993
Levin I	$466,663
Levy S B	$261,548
Lewis A B	$203,747
Leylek A	$187,191
Lezack J D	$293,559
Li W	$284,783
Lieberman D K	$301,338
Lindenschmidt R B	$405,884
Lindenschmidt R R	$364,810
Lindquist L(2)	$466,181
Lindsay D	$69,854
Lindsay D J(2)	$1,456,790
Lines J B	$152,628
Lint D W	$150,073
Lipinski G	$107,046
Lipnowski S	$734,519
Lipschitz J	$767,492
Littleford J A	$218,023
Liu J	$240,722
Livingstone C	$68,766
Lloyd D A	$398,780
Lloyd R L(2)	$1,166,372
Lo E	$237,751
Lo S W	$73,879
Loader K	$311,061
Lobley J	$72,900
Lockman L E	$602,111
Lockwood A P	$94,062
Loepp C	$219,590
Loewen E D M	$96,477
Loewen S K	$144,690
Loewen S R	$133,674
Lofgren S R	$155,571
Logan A C	$511,806
Logsetty S	$203,663
Loiselle J A	$252,005
Long A L	$1,053,743
Longstaffe A E	$369,591
Longstaffe S	$177,524
Lopez G	$66,638
Lopez M I	$62,926
Lopez Gardner L L	$197,150

Lorteau G	$67,789
Lotocki R J	$460,364
Loudon M	$415,085
Lowden C S	$408,675
Lu P B	$198,611
Lucman T S	$485,594
Lucy S	$371,497
Ludwig L	$236,211
Ludwig S	$274,009
Luk T L	$322,103
Lukie B J	$436,627
Lulashnyk B J	$449,534
Lum Min S	$177,846
Lyn B E	$138,944
Lynch J M	$75,243
Lyons E A(2)	$660,156
Lysack A M	$69,762
Lysack D A	$561,551
Mabin D(2)	$770,916
MacDiarmid A L	$192,809
MacDonald P	$460,542
MacDougall B	$190,771
MacDougall E	$179,735
MacDougall G	$551,852
Maceachern N	$282,527
Macek R K W	$209,496
MacIntosh E L	$448,349
Mackalski B A	$552,864
Mackay M J	$184,677
Mackenzie G S	$488,395
Macklem A K	$488,946
Macleod B A	$266,093
Macmahon R	$288,571
Macmillan M B	$418,627
Macnair T L	$1,217,195
Macrodimitris A G	$188,396
Mactavish J W E	$51,322
Madison A M	$131,327
Magarrell C	$114,163
Maguire D	$474,523
Maharaj I G	$372,709
Maharajh D A	$263,683
Mahay A	$134,334
Mahay R K	$493,926
Mahdi T	$117,313
Maier J C	$194,795
Maiti S	$432,722
Major P(2)	$829,902
Makis V(4)	$522,690
Maksymiuk A W	$216,792
Malabanan E	$425,234
Malchy B A	$109,533
Malek-Marzban P	$768,986
Malekalkalami A	$104,267
Malik A I	$64,933
Malik A	$368,557
Malik B S	$701,700
Malik R N	$659,084
Malo S	$167,381
Mammen T	$518,372
Mancini E V	$159,838
Manishen W J	$448,439
Manness R C	$201,158
Mansfield J F	$314,044
Mansour H M S	$246,715
Mansouri B	$283,681
Manuel P	$318,094
Manusow D	$405,489
Marah M	$300,332
Marais F	$393,496
Marantz J(2)	$274,503
Mare A C	$388,766
Marks S D	$128,442
Marles S L	$129,010
Marrie R A	$53,882
Marriott J J	$154,920
Marsh D W	$220,132
Marshall K	$51,869
Marshall M	$86,293
Martens D B	$320,389
Martens M D	$97,668
Martens R	$235,373
Martens Barnes C	$152,060
Martin D	$107,152
Martinez E R	$403,315
Marx T	$347,486
Maslow K D	$558,157
Masoud I A	$468,207
Mathen M K	$1,038,198
Mathew G	$424,365
Mathieson A L	$409,163
Mathison T L	$209,105
Matsubara T K	$332,215
Matthew T	$242,110
Matthews C M	$239,128
Matthews N	$225,228
Maxin R	$172,789
Maxwell B	$62,871
Mayba I I	$148,279
Mayba J I	$922,538
Maycher B(2)	$1,019,471
Mazek F R E	$661,901
Mazhari Ravesh A H	$535,466
Mazur S	$111,652
McCammon R J	$107,048
McCannell M G	$144,392
McCarthy B G	$251,999
McCarthy G F	$515,005
McCarthy T G	$617,970
McClarty B(2)	$1,069,940
McCrae H	$132,925
McDonald H D	$345,528
McDonald P J	$89,774
McFadden L R	$456,438
McFee C D	$76,186
McGill D	$113,867
McGinn G(2)	$1,470,040
McGregor B	$354,437
McGregor J M	$169,289
McGregor T B	$319,466
McIntyre I L	$266,582
McIntyre I W	$331,220
McKay M A	$341,818
McKenzie T	$109,540
McLeod J K	$106,780
McNaught J	$158,409
McNeill A M	$236,635
McPhee J	$246,898
McPhee L C	$74,843
McPherson J A M	$183,817
McTaggart D L	$216,551
McTavish W G	$240,174
Medd T M	$72,081
Meen E K	$314,568
Megalli Basali S F	$565,130
Mehrabi F	$209,891
Mehta A	$187,730
Mehta P G	$523,414
Mekhail A	$460,339
Mellon A M	$529,630
Melo Alfaro L C	$70,945
Memauri B F	$84,149
Memon G	$207,033
Memon R	$250,643
Menard S	$288,570
Menkis A H	$164,207
Menticoglou S	$749,901
Menzies R J	$578,365
Mercier N	$226,995
Mestdagh B E	$134,148
Mestdagh R J	$80,073
Mestito Dao I	$89,432
Meyers M	$69,049

Meyrowitz D	$298,410
Meza Vargas M S	$381,437
Mhanni A	$171,989
Mian M T	$220,045
Micflikier A B	$2,067,621
Migally S E B	$181,439
Mikhaiel S	$587,726
Mikhail A	$378,038
Mikhail S N F	$396,350
Milambiling E M	$423,553
Milambiling L C	$259,276
Milbrandt K	$140,401
Miller D M	$459,952
Miller D L	$342,801
Miller L	$449,032
Miller T L	$356,925
Milligan B E	$405,663
Millo N Z	$266,787
Milner J F	$677,033
Minhas K K S	$957,263
Mink S	$253,251
Minnaar J	$86,061
Mintz S L	$101,639
Minuk D	$54,521
Minuk E	$238,856
Minuk G	$113,226
Miranda G	$96,532
Mis A A	$503,893
Miskiewicz L M	$169,717
Moawad V F	$303,429
Moddemann D	$205,168
Modirrousta M	$103,050
Moffatt D C M	$704,391
Mohajerani S	$75,182
Mohamed M A M	$779,722
Mohammed I	$307,291
Moller E E	$260,466
Moller L	$413,330
Moller P R	$633,076
Moltzan C (1)	$305,035
Momoh J T	$198,305
Moncek J A	$155,743
Monkman L M	$254,418
Monson R C	$120,032
Monteiro G E	$352,779
Moody J K	$168,858
Moon M	$616,199
Moore R F	$313,078
Moosa A	$82,325
Moran De Muller K	$746,257
Morham A	$258,274
Morier G S	$98,245
Morris A L	$462,658
Morris A F	$76,480
Morris G S	$219,887
Morris M	$206,186
Morris M	$157,837
Mostert F	$254,885
Mottola J C(2)	$238,362
Mouton R W	$288,650
Mowchun L	$203,878
Mowchun N	$259,440
Mshiu M	$429,893
Muhammad A	$244,042
Muirhead B	$246,732
Mukty M A	$269,752
Mulhall D	$108,394
Mulhall T	$59,087
Muller Delgado H A	$424,830
Mundle S	$64,647
Munsamy G K	$336,107
Murray D	$428,041
Murray G	$51,023
Murray G G	$83,714
Murray K	$476,849
Muruve G N	$292,569
Mustafa A	$188,510
Mustapha S F	$354,137
Muthiah K	$511,458
Mutter T C	$328,987
Muzychuk M	$56,816
Myers R L	$192,494
Myers W E	$238,063
Myhre J R	$133,423
Mykytiuk P	$203,642
Mymin D	$56,317
Mysore M	$377,028
Nachtigall H	$65,046
Nagra S	$230,262
Naidoo J(1)	$29,108,262
Naidoo S P(1)	$8,874,252
Nair U K	$354,887
Nap S	$262,697
Narasimhan S	$109,237
Narvey E B	$65,836
Nashed M	$144,296
Nason R W	$322,240
Nasr N Y I	$423,738
Nasser-Sharif M	$254,278
Nates W A	$425,282
Naugler S	$199,291
Nause L N	$346,944
Nawrocka D	$120,471
Nazar-Ul-Iman S	$549,157
Nejad Ghaffar S	$284,604
Nell A M	$607,162
Nelson M	$90,654
Nemeth P	$379,546
Nepon J	$385,820
Nepon J	$145,994
Neufeld G M	$79,451
Newman F	$69,119
Newman S	$283,168
Nguyen K M	$294,814
Nguyen L	$283,376
Nguyen M H	$430,885
Nguyen T V	$220,795
Nguyen T N	$266,618
Nigam R	$599,292
Nijjar S S	$347,751
Niraula S	$55,920
Njionhou Kemeni M M	$335,417
Nkosi J E	$300,028
Noel C	$776,405
Noel M L	$77,176
Noseworthy G	$73,446
Nugent L M	$424,413
Nyomba B L	$195,413
O'Hagan D B	$496,650
O'Keeffe K M	$195,893
Ochonska M	$462,105
Oen K G	$114,583
Ogaranko C P	$72,378
Okoye C	$239,675
Old J	$340,026
Oliver J	$76,279
Olivier E P	$239,720
Olson R L	$257,968
Olson S M	$101,943
Olynyk F	$173,800
Omelan C K	$226,115
Omichinski L M	$394,325
Ong A	$205,526
Ong B Y	$610,621
Ong G H	$431,841
Onotera R	$183,988
Onyshko D J	$407,703
Ormiston J D	$363,374
Orr P	$172,039
Osei-Bonsu A	$255,009
Osler F G	$249,652
Owusu N	$91,956
Pachal C A	$251,776

Pacin A	$119,880
Pacin O	$237,407
Pacin S	$386,199
Padeanu F T	$212,931
Padua R N	$234,205
Paetkau D	$209,790
Palatnick C S	$197,640
Pambrun P	$100,563
Pan J M	$52,649
Panaskevich T	$660,035
Pandey A K	$164,262
Pandian A	$483,370
Pang E G	$177,983
Pannu F	$358,435
Papegnies D	$70,750
Papetti S	$308,594
Paquin F	$98,523
Paquin I	$135,797
Paracha M	$57,117
Parham S M	$105,689
Park J	$481,621
Parker K R	$341,190
Parmar G	$586,056
Partap N A	$148,750
Partridge G	$73,804
Partyka J W	$346,901
Pascoe E A	$452,845
Paskvalin M	$188,635
Pasterkamp H	$169,450
Patel L R	$302,607
Patel Praful C	$771,143
Patel P C	$471,833
Patel R C	$561,337
Patel S V	$323,729
Patel S P	$560,581
Patenaude A F	$591,873
Paterson C R	$466,287
Pathak K A	$493,699
Pather A	$190,272
Paul J T	$54,300
Pauls R J	$425,945
Paulson C K	$101,552
Pawlak J	$130,988
Pederson K(3)	$110,465
Peled E	$59,000
Pelissier R	$80,155
Penner C G	$125,463
Penner K	$190,276
Penner S B	$344,071
Penrose M	$393,841
Pepelassis D	$171,810

Peretz D	$553,637
Perkins G	$51,169
Perlov J	$265,247
Permack S	$292,324
Perrett M	$73,958
Perry D I	$499,665
Peschken C	$139,870
Peters B	$654,171
Peters H O	$168,328
Peters H	$334,775
Peters R	$202,295
Peterson J	$286,846
Petrilli L A	$72,077
Pfeifer L	$78,385
Pham Q V	$82,609
Phillips M L	$237,838
Pickard K	$175,782
Pickering B	$255,991
Pickering C	$119,248
Pierce G W	$931,110
Pieterse W	$584,667
Pikaluk D R	$74,957
Pilat E J	$319,011
Pilkey B D	$598,402
Pillay P G	$372,951
Pinder M	$325,884
Pinette G D	$632,031
Pinniger G W	$258,443
Pintin-Quezada J	$446,768
Pio A	$457,720
Pirzada M A	$305,978
Pittman P	$210,194
Pitz M	$95,198
Plueschow M	$53,526
Poettcker R J	$374,738
Polimeni C	$155,234
Politis A	$52,403
Pollet V	$156,643
Pollock B	$583,147
Ponnampalam A	$58,708
Poon W W C	$272,050
Pooyania S	$465,809
Popoff D	$222,021
Popowich S	$315,148
Porath N	$138,187
Porhownik N R	$246,443
Porter D	$55,693
Possia C	$53,038
Postl B	$90,409
Potter J	$68,283
Poulin G R	$106,310

Pozeg Z I	$157,646
Prasad B	$276,675
Preachuk C T J(2)	$77,585
Prematilake S P	$268,901
Prenovault J	$426,990
Pretorius A	$263,563
Pretorius L L	$91,848
Price J	$276,809
Prinsloo J	$354,526
Pritchard P	$82,788
Prober M A	$220,747
Prodan O	$109,227
Psooy K J	$116,438
Punter F	$159,646
Putnins C	$204,623
Puttaert D	$158,646
Pymar H C	$263,036
Qadir M	$141,872
Quesada R	$335,672
Quon H C	$182,882
Qureshi R	$276,770
Qureshy K A	$123,601
Raabe M A	$426,979
Raban R	$168,496
Rabson J L R	$1,152,055
Radulovic D	$381,205
Rae P E	$57,119
Rafay M F	$116,382
Raghavendran S	$327,800
Rahimi E	$63,676
Rahman J	$818,613
Rahman M	$232,556
Raimondi C	$154,835
Rajamohan R R	$638,573
Rajani K R	$484,971
Ramadan A N	$166,461
Ramgoolam R	$421,679
Ramsay J A	$107,282
Ramsey C D	$118,614
Randolph J L	$96,936
Randunne A	$118,016
Randunne A S	$399,969
Ratwatte S	$204,783
Raubenheimer J P	$555,175
Rauch J F	$832,598
Ravandi A	$706,837
Rawoof R H	$658,838
Raza I	$435,931
Recksiedler C	$62,115
Reeves J D	$73,992
Rehal R S	$260,201

Rehsia D	$743,963
Rehsia N S	$114,527
Reid G J	$348,490
Reimer D K	$268,072
Reimer D J	$577,274
Reimer H	$222,097
Reimer M B	$226,840
Reinecke M	$88,373
Reinhorn M	$78,929
Rempel R G	$220,547
Reslerova M	$913,822
Reyneke A	$344,478
Reynolds J L	$319,813
Reynolds J J(2)	$76,181
Rezazadeh S	$207,111
Rezk E A	$181,546
Rhoma S	$294,355
Rice P	$244,630
Rich A D	$317,463
Richardson C J	$396,704
Riche B(3)	$505,075
Ridah D	$155,519
Rigatto C	$416,667
Ring H	$327,278
Ringaert K	$240,076
Ritchie B A	$349,470
Ritchie J	$253,151
Rizk A M	$321,671
Roberts J R	$318,104
Roberts K A	$234,595
Robertson G A	$81,058
Robillard S C	$203,084
Robinson C C	$268,067
Robinson D B	$237,416
Robinson D J	$477,053
Robinson G	$71,205
Robinson J	$511,507
Robinson W	$310,190
Rocha G	$1,261,445
Roche G	$313,629
Rodd C J	$52,300
Rodriguez Marre I	$366,389
Roe B E	$140,653
Roets W G	$83,043
Rogozinska L	$401,075
Rohald P	$438,468
Roman M	$340,776
Roman N	$323,297
Roos P J	$103,255
Rosario R	$162,860
Rosenblat K	$66,260
Rosenthal P	$202,472
Rosner B	$71,192
Ross F J	$166,509
Ross F K	$204,175
Ross J F	$762,636
Ross J J	$278,954
Ross L L	$400,872
Ross T K	$371,739
Rothova A	$328,013
Roussin B C	$153,931
Roux J G	$328,301
Rowe R C	$247,673
Roy D	$229,389
Roy M J	$213,107
Rubinstein E	$315,222
Ruddock D L	$355,417
Rumbolt B R	$366,470
Rusen J B	$299,662
Rush D N	$150,732
Rusnak B	$185,525
Russell S	$276,724
Rust G	$81,107
Rust L	$142,073
Ryall L A	$94,760
Ryz K S	$206,105
Saadia R	$336,230
Saadia V	$201,895
Sabapathi K	$315,354
Sabeski L M	$430,509
Saffari H	$168,580
Sakla M S S	$318,540
Sala T N	$144,450
Salamon E	$799,736
Saleem A	$195,273
Salem F	$712,996
Salib W W M	$257,779
Salman M S	$81,573
Salter J	$128,608
Salter-Oliver B A	$140,290
Sam A	$432,415
Sam D	$180,850
Samborski C	$82,460
Sami S	$260,666
Samoil M F S	$250,936
Samuels L	$451,338
Sanders R W	$158,019
Sandhu S S	$596,527
Santdasani S K	$388,444
Santos S	$98,157
Saran K D	$160,640
Saranchuk J W	$398,202
Sareen J	$93,844
Sareen S	$441,117
Sarlas E	$176,700
Sasse S G	$175,464
Sathiamoorthy M	$57,008
Sathianathan C	$630,212
Saunders K	$222,613
Savage B	$286,797
Sawchuk J P	$98,131
Sawka S E(2)	$1,364,690
Sawyer J A	$391,362
Sawyer S K	$65,251
Schacter B A	$90,551
Schaeffer D	$71,974
Schaffer S A	$154,945
Schantz D	$219,313
Schaub J C	$59,649
Schellenberg J D	$260,739
Schellenberg K L	$61,336
Schellenberg W C	$537,559
Schifke B K	$106,027
Schifke W G	$202,817
Schledewitz I L	$59,697
Schmidt B J	$125,430
Schneider C E	$344,943
Schroeder A N	$427,396
Schroeder G	$229,664
Schur N K	$371,423
Schwartz L D	$377,855
Scott J	$583,270
Scott S	$161,006
Seager M J	$449,272
Segstro R J	$112,195
Seifer C M	$416,340
Seitz A R	$272,346
Selaman M H	$134,218
Sellers E	$83,463
Semus M J	$237,137
Sen R	$202,847
Sethi K	$173,846
Sethi S	$330,456
Sett S	$65,475
Sewell G	$155,279
Shah B	$408,662
Shah S A A	$84,827
Shahzad S	$165,223
Shaikh N	$472,101
Shaker M	$404,271
Shane M	$387,544
Shapiro S M	$69,487
Shariati M	$122,830

Sharkey J B	$420,137
Sharkey R D	$135,003
Sharma S	$454,681
Shatsky M	$141,939
Shell M	$211,153
Shelton P A	$210,669
Shenoda K L M	$433,511
Shenouda M	$312,513
Shenouda P F S	$310,569
Shepertycky M R	$537,743
Sheps M	$839,349
Sherbo E	$92,670
Shiffman F H	$472,736
Shokri M	$95,568
Shoukry S	$161,241
Shuckett P	$319,821
Shumsky D	$110,116
Shunmugam R	$963,475
Sickert H G	$131,602
Siddiqui F S	$235,144
Sidhom C R	$294,463
Sidra Gerges M E	$341,595
Sigurdson E	$81,263
Sigurdson L J	$1,021,121
Sikora F J	$346,601
Silagy S	$697,365
Silha J	$1,021,491
Silhova D	$181,019
Silvaggio J	$95,146
Silver C D	$142,226
Silver N A	$358,251
Silver S	$1,521,294
Silverman R E	$312,332
Simard-Chiu L A	$160,790
Simm J F	$278,819
Simonsen J N	$126,547
Simonson D W	$254,989
Sin T	$139,764
Singal R K	$305,653
Singer M	$112,194
Singh A	$256,654
Singh G B	$483,205
Singh H	$352,750
Singh M	$203,414
Singh N	$108,614
Singh R	$178,221
Singh R D	$522,629
Singh T	$133,017
Singh-Enns S	$82,014
Sinha M	$304,947
Sinha S N	$466,894
Siyih M	$275,338
Skakum K K	$157,698
Skead L	$527,709
Skrabek P J	$131,197
Skrabek R Q	$477,682
Sloan G	$202,698
Slutchuk M	$324,990
Smal S J	$279,091
Small L	$81,569
Smil E	$324,010
Smith C	$190,945
Smith H W E	$147,577
Smith J R M	$113,014
Smith L F	$578,952
Smith R G	$233,435
Smith R	$218,262
Smith R W	$315,226
Smith S	$121,703
Snovida L	$246,587
Sochocki M P	$318,643
Sodhi V K	$56,796
Solbrig M	$109,013
Soliman M F L	$520,081
Sommer H M	$324,916
Soni A	$225,394
Soni N R	$330,007
Sood M	$519,343
Sookermany N	$96,936
Sookhoo S	$348,425
Speer M	$240,733
Speirs R	$52,460
Srichandra W	$199,130
Srinathan S K	$304,476
St Goddard J	$118,886
St John P D	$203,432
St Vincent A	$304,911
Stanko L	$472,408
Stearns E	$139,988
Stefanyshen G S	$104,634
Steinberg F	$99,089
Steinberg R J G	$223,696
Stelzer J	$296,638
Stephensen M C	$178,467
Stewart G B	$62,538
Stimpson R	$92,844
Stitt A	$53,052
Stitt G P	$57,581
Stitz M	$382,783
Stockl F A	$1,626,581
Stoffman J M	$61,922
Stone J D	$460,368
Storoschuk G W	$292,784
Storsley L J	$433,134
Stoski R M(2)	$186,645
Stoykewych A A	$50,992
Strang D G	$111,483
Stranges G A	$339,503
Strank R K	$145,395
Stroescu D V	$91,358
Strong J E	$61,490
Stronger L	$294,961
Strumpher J	$340,080
Strzelczyk J(2)	$63,456
Sud A K	$460,804
Sulaiman I	$78,429
Sulaiman M	$134,052
Sullivan M	$141,105
Sullivan T	$82,217
Suski L	$54,797
Susser M	$201,346
Sutherland D E	$303,813
Sutherland E N	$469,812
Sutherland I S	$537,132
Sutherland J G	$252,402
Sutter J A	$349,776
Sutton I R	$465,503
Swartz J	$144,807
Swenarchuk G	$70,226
Symchych M	$63,767
Szajkowski S	$250,538
Szajkowski T	$274,230
Szaky T	$88,882
Szwajcer D	$127,228
T Jong G W	$63,316
Tadrous J	$186,810
Tam J W	$487,332
Tamayo Mendoza J A	$430,589
Tan E	$260,275
Tan L	$463,102
Tang-Wai R	$352,280
Tangri N	$225,219
Tapper J A	$581,625
Taraska V	$877,779
Taraska V	$695,410
Targownik L E	$251,115
Tariq M	$323,786
Tassi H	$104,683
Tawadros M B	$166,864
Tawfik V L	$60,094
Tawfik Helmy S	$226,656
Taylor H R	$576,880
Taylor P D	$79,578

Taylor S N	$577,916
Tenenbein M	$441,847
Teo S L	$275,734
Theodore G M	$296,916
Therrien D J	$80,311
Thess B A	$540,778
Thiessen R J	$61,501
Thomas S T	$297,328
Thompson S B	$163,908
Thompson T R	$170,650
Thomson B R J	$65,655
Thomson G T D	$164,313
Thomson I R	$115,865
Thorlakson D	$193,653
Thorlakson I J	$170,837
Thottingal A P	$228,701
Thwala A B	$285,139
Tiab G A	$142,294
Timmerman D	$86,327
Tischenko A	$519,628
Tissera P A	$342,784
Todary Fahmy Y	$291,230
Toews K A	$366,941
Tole G D	$63,661
Tomy K	$103,878
Toole J	$654,439
Torres M	$84,384
Toth J M	$53,942
Tran C P	$414,037
Tran T A T	$91,393
Trinh H	$108,622
Tsang D	$432,516
Tsang M T	$224,133
Tse W C	$127,254
Tsuyuki S H(2)	$795,152
Tufescu T	$432,450
Tulloch H V	$154,525
Tung T	$260,983
Turabian M	$617,053
Turgeon T	$400,894
Turner D R	$515,449
Turner R B	$570,886
Turner T	$97,497
Tweed W A	$55,349
Ullyot S	$52,255
Ungarian J	$264,686
Unruh H W	$388,758
Uys T	$347,578
Uzwyshyn M	$158,790
Vakilha M	$263,256
Van Alstyne M	$541,255
Van Ameyde K	$167,834
Van Amstel L L(2)	$817,293
Van Dam A	$89,096
Van De Velde R	$272,622
Van Den Heever J W	$483,955
Van Der Byl G	$172,699
Van Der Zweep J	$474,756
Van Ineveld C	$93,502
Van Jaarsveldt W	$464,383
Van Rensburg C J	$411,328
Van Rensburg P D	$500,092
Van Rooyen M L	$617,130
Vanderwert R T	$306,939
Vattheuer A	$105,508
Venditti M	$179,486
Vendramelli M P	$91,962
Venkatesan N	$147,585
Venter D J	$70,702
Vergis A	$642,343
Verity S D	$260,888
Verma M R	$471,131
Vernon J	$336,420
Verrelli M(3)	$388,119
Viallet N R	$339,904
Vicari D	$78,005
Vickar E L	$320,779
Vignudo S	$89,242
Villeneuve P	$188,590
Vincent D A	$145,244
Violago F	$300,614
Vipulananthan M	$433,057
Vipulananthan V	$464,163
Visch S H R	$186,837
Visser G	$505,918
Vivian M A	$232,889
Vlok N	$363,786
Vo M	$756,698
Vorster A P	$57,030
Vosoughi R	$179,693
Vuksanovic M V M	$510,331
Wadhwa V S(2)	$503,482
Wahba Hanna T W	$397,487
Waldman J C	$426,489
Walker C	$96,589
Walkty A	$143,328
Wallace S E	$308,482
Walli J E	$228,186
Walters J J	$778,806
Warden S K	$89,575
Warkentin R	$302,546
Warnakulasooriy R	$59,931
Warraich N	$442,543
Warraich N	$74,516
Warrian R K	$304,439
Warrian W G	$63,431
Warrington R	$239,051
Wasef M S	$307,359
Watters T	$169,554
Weebedda U S K	$56,232
Weihs R	$66,588
Werier J	$409,614
West M	$153,482
White B K	$429,449
White C P	$91,400
White O J	$223,722
White S	$102,773
White V P	$70,252
Whittaker D	$111,895
Whittaker E	$214,018
Wickert W A	$202,596
Wicklow B A	$96,453
Widdifield H E	$173,685
Wiebe K	$98,930
Wiebe K L	$64,117
Wiebe S	$170,410
Wiebe T H	$291,905
Wiens A V	$454,580
Wiens J J	$793,699
Wiens J L	$291,454
Wiesenthal B D	$151,923
Willard M J	$234,602
Willemse P	$416,901
William N	$152,202
Williams O R T	$161,010
Williamson D	$139,897
Williamson K W	$465,887
Willows J R	$516,207
Wilson G P	$413,128
Wilson M(2)	$1,422,036
Winistok W	$150,055
Winning K J	$211,156
Winogrodzka C	$354,490
Winogrodzki A	$135,821
Winzoski T	$89,431
Wirtzfeld D	$316,409
Wiseman M C	$759,337
Wiseman N	$245,616
Woelk C	$324,953
Wolfe K B	$530,686
Wolfe S A	$372,335
Wong A	$178,723
Wong C S	$385,952

Wong H	$270,725
Wong R P W	$415,469
Wong S W C	$347,975
Wong S H	$390,298
Wong S G	$295,588
Wong T	$305,269
Woo C	$377,248
Woo N	$590,415
Woo V C	$724,186
Wourms V P	$268,110
Wowk-Litwin M L	$76,563
Wozney L R	$133,276
Yaffe C	$592,852
Yale R	$74,314
Yamamoto K	$379,144
Yamsuan M	$222,234
Yankovsky A	$318,334
Yanofsky R	$79,271
Yaren S	$117,580
Yeung C	$359,691
Yip B	$444,918
Young B C	$207,056
Young J	$185,040
Young R S	$305,134
Youssef H S S	$97,526
Youssef N	$214,814
Yu A	$236,706
Yuoness S A	$156,248
Zabib N A	$514,584
Zabolotny B P	$398,358
Zacharias J(3)	$1,035,041
Zaki A E	$303,936
Zaki M F	$465,382
Zeiler F	$773,901
Ziaei Saba S	$402,050
Zieroth S R	$163,860
Ziesmann M	$822,714
Zimmer K W	$345,356
Ziomek A	$266,233
Zoppa R	$645,493

Explanatory Notes:

(1) *Director of a private laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 18 for list of facilities).*

(2) *Director of a private radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 19 and 20 for list of facilities).*

(3) *Billings for dialysis services representing the work of more than one physician. (See page 21 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 21 for list of facilities).*

(5) *Denotes two separate physicians with same first and last names.*

Laboratory Directors and Facilities

Kabani A	All Rural Laboratories
	Concordia Hospital
	Deer Lodge Centre
	Grace General Hospital
	Health Sciences Centre
	Misericordia Health Centre
	St. Boniface Hospital
	Seven Oaks Hospital
	Victoria General Hospital
	Westman Regional Laboratories
Moltzan C	CancerCare Manitoba – Hematology Laboratory
Naidoo J	Gamma-Dynacare Medical Laboratories
Naidoo S P	Lakewood Medical Centre Laboratory
	Unicity Laboratory Services (Pembina)
	Unicity Laboratory Services (McPhillips)
	Unicity Laboratory Services (Lorimer)

Radiology Directors and Facilities

Avila F	Birtle Health Centre
	Erickson District Health Centre
	Hamiota District Health Centre
	Minnedosa Health Centre
	Neepawa Hospital
	Riverdale Health Centre
	Roblin District Health Centre
	Russell Health Centre
	Shoal Lake Straithclair Health Centre
	Swan Valley Health Centre
Brooker, G	GMB Medical Corporation
	MacGregor & District Health Centre
	Portage District General Hospital
	Seven Regions Health Centre (Gladstone)
Davidson J M	Manitoba X-Ray Clinic (Concordia)
	Pan Am Clinic, Diagnostic Imaging
	Pan Am Clinic, MRI
	Pan Am Clinic, (MTS Centre)
	Legacy X-Ray Clinic
	Seven Oaks X-Ray Clinic
Dashefsky S	Churchill Health Centre
	Health Sciences Centre
Eaglesham H	Assiniboine Clinic X-Ray (Lodge)
	Boyd X-Ray Clinic
	Lakewood Medical Centre Diagnostic Imaging
	Unicity X-Ray (Ellice)
	Unicity X-Ray (Roblin)
	Unicity X-Ray (Lorimer)
	Winnipeg Clinic
Fung H	Boissevain Health Centre
	Carberry and District Health Centre

	Deloraine Health Centre
	Glenboro Health Centre
	Melita Health Centre
	Souris Hospital
	Treherne (Tiger Hills Health District)
	Tri-Lake Health Centre-Killarney
	Virden District Hospital
	Wawanesa Health Centre
Hardy B	General Radiology (HSC)
Harrison W D	Brandon Clinic Diagnostic Imaging
	Clement Block X-Ray Services
Henderson, B	Bethesda Hospital
	DeSalaberry District Health Centre
	Seven Oaks Hospital
	Ste. Anne Hospital
	Vita & District Health Centre
	Winnipeg Radiology Services (Main)
	Winnipeg Radiology Services (Pembina)
	Winnipeg Radiology Services (Kennedy)
Higgins R	Winnipegosis District Health Centre
Jacob MV	Dr. C.W. Wiebe Medical Centre
Karlicki F	St. Boniface General Hospital (Ultrasound)
Kindle G F	Brandon Regional Health Centre
Lindquist L	Stonewall and District Health Centre Diagnostic Imaging
Lindsay D J	Johnson Memorial Hospital
	Lakeshore General Hospital
	Hunter Memorial Hospital
	Selkirk General Hospital
	E.M Crowe Hospital
	Gillam Hospital
	Lac du Bonnet District Health Centre
	Arborg & District Health Centre (Ultrasound)
	Leaf Rapids Health Centre
	Lynn Lake Hospital
	Thompson General Hospital
Lloyd R L	Altona Health Centre
	Boundary Trails Health Centre
	Carman Memorial Hospital
	Dauphin Regional Health Centre
	Morris Hospital
	Notre Dame Hospital
	Rock Lake Hospital
	Lorne Memorial Hospital
Lyons E A	Beausejour Health Centre
	Maples Surgical Centre (Ultrasound, Echocardiography)
Mabin D	Flin Flon General Hospital
	Snow Lake Hospital
	The Pas Health Complex
Marantz J	Health Sciences Centre Mammography
	Mount Carmel Clinic
Major P	Manitoba Clinic Diagnostic Imaging
Maycher B	St. Boniface General Hospital Diagnostic Imaging
McClarty B	St. Boniface General Hospital MRI
	Pinawa Hospital
	Pine Falls Hospital
McGinn G	Manitoba X-Ray Clinic (Tache)
Mottola J	Health Sciences Centre MRI
Preachuk C	Victoria General Hospital
Reynolds J J	St. Boniface Hospital

Sawka S E	Manitoba X-Ray Clinic (Henderson)
	Manitoba X-Ray Clinic (Portage Ave)
Stoski R	Concordia General Hospital Diagnostic Imaging
Strzelczyk J	St. Amant Centre
Tsuyuki S H	Tache Diagnostic Ltd.
	Riverview Health Centre
	Misericordia Health Centre
Van Amstel L	Arborg & District Health Centre
Wadhwa V S	Churchill Health Centre Diagnostic Imaging
Wilson M	Breast Health Centre
	Manitoba Breast Screening Unit (Brandon)
	Manitoba Breast Screening Unit (Winnipeg)

Dialysis Directors and Facilities

Armstrong S	Seven Oaks General Hospital
Pederson K	CDU Health Sciences Centre
Riche B	Brandon Regional Health Centre
Verrelli M	St. Boniface General Hospital
Zacharias J	Home Hemodialysis/ Manitoba Local Centres Dialysis Units

Nuclear Medicine Directors and Facilities

Dupont J O	Nuclear Medicine Consultants
	Winnipeg Clinic – Nuclear Medicine
Makis V	Brandon Regional Health Centre

APPENDIX I – SUMMARY OF STATUTES RESPONSIBILITY

MINISTER OF HEALTH

THE ANATOMY ACT (A80)

- Provides for the appointment of an Inspector of Anatomy and sub-inspectors.
- Sets out who is entitled to claim a body.
- Regulates what can and cannot be done with bodies that are not claimed.

THE CANCERCARE MANITOBA ACT (C20)

- Creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer.

THE CHIROPRACTIC ACT (C100)

- Authorizes The Chiropractors' Association to regulate chiropractors in Manitoba.

THE DEFIBRILLATOR PUBLIC ACCESS ACT (D22)

- Allows the designation of public premises required to install publicly accessible defibrillators and establishment of requirements for the testing and maintenance of defibrillators in public premises by the Lieutenant Governor in Council.
- Requires the registration of defibrillators installed in public premises in a registry including their location and notification by the registrar of emergency 911 response services of the location of registered defibrillators.

THE DENTAL ASSOCIATION ACT (D30)

- Allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba.

THE DENTAL HEALTH WORKERS ACT (D31)

- Allows dental health workers such as dental hygienists to be registered so that they can provide services under *The Dental Health Services Act*.

THE DENTAL HEALTH SERVICES ACT (D33)

- Allows the Minister of Health to make arrangements to provide preventive and treatment dental services to certain persons designated by the Lieutenant Governor in Council. There is currently no program established under this Act.

THE DENTAL HYGIENISTS ACT (D34)

- Authorizes the College of Dental Hygienists to regulate Dental Hygienists.

THE DENTURISTS ACT (D35)

- Authorizes The Denturists Association to regulate denturists in Manitoba.

THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)

(Except with respect to elderly persons' housing units as defined in the Act)

- Governs the establishment of housing accommodation for the elderly or infirm.

THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT (E83)

- Regulates the emergency medical response services and personnel and the stretcher transportation services and personnel.

THE DEPARTMENT OF HEALTH ACT (H20)

- Provides certain authority for the Minister of Health to appoint senior management and to be an ex-officio member of the board of any health care institution receiving funding from the Department.
- Specifies remedies of government in cases where expenses are incurred but not paid by the person incurring the expense and the expense becomes a liability of government.

THE DISTRICT HEALTH AND SOCIAL SERVICES ACT (H26)

- Governs the establishment and operation of health and social services districts.
- No new health and social services districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH CARE DIRECTIVES ACT (H27)

- Recognizes that mentally capable individuals have the right to consent or refuse to consent to medical treatment even after they are no longer able to participate in decisions respecting their medical treatment.

THE HEALTH SERVICES ACT (H30)

- Governs the establishment and operation of hospital districts.
- No new hospital districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH SERVICES INSURANCE ACT (H35)

- Governs the administration of the Manitoba Health Services Insurance Plan in respect of the costs of hospital services, medical services, personal care services and other health services.

THE HEARING AID ACT (H38)

- Provides for a Hearing Aid Board to licence hearing aid dealers and deal with complaints.

THE HOSPITALS ACT (H120)

- Relates to the operation of hospitals except for private hospitals.

THE HUMAN TISSUE GIFT ACT (H180)

- Regulates organ and tissue donations in Manitoba.
- Designates "human tissue gift agencies" that are to be notified when a person has died or is about to die.

THE LICENSED PRACTICAL NURSES ACT (L125)

- Authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses.

THE MEDICAL ACT (M90)

- Authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners.

THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)

- Requires the payment of dues by members and non-members of the Manitoba Medical Association.

THE MEDICAL LABORATORY TECHNOLOGISTS ACT (M100)

- Authorizes the College of Medical Laboratory Technologists to regulate Medical Laboratory Technologists.

THE MENTAL HEALTH ACT (M110)

(S.M. 1998, c. 36) (except Parts 9 and 10 and clauses 125(l) (i) and (j))

- Governs voluntary and involuntary admission of patients to psychiatric facilities and the treatment of patients in such facilities.
- Governs the appointment and powers of Committees for persons who are not mentally competent.

THE MIDWIFERY ACT (M125)

- Authorizes the College of Midwives of Manitoba to regulate midwives.

THE NATUROPATHIC ACT (N 80)

- Authorizes the Manitoba Naturopathic Association to regulate naturopaths.

THE OCCUPATIONAL THERAPISTS ACT (05)

- Authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists.

THE OPTICIANS ACT (060)

- Authorizes The Opticians of Manitoba to regulate opticians.

THE OPTOMETRY ACT (070)

- Authorizes the Manitoba Association of Optometrists to regulate optometrists.

THE PERSONAL HEALTH INFORMATION ACT (P33.5)

- Protects personal health information in the health system in Manitoba.
- Establishes a common set of rules governing the collection, use and disclosure of personal health information that emphasize the protection of the information while ensuring that necessary information is available to provide efficient health services.

THE PHARMACEUTICAL ACT (P60)

- Authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies.
- Allows for the establishment and maintenance of a provincial drug formulary.

THE PHYSIOTHERAPISTS ACT (P65)

- Authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists.

THE PODIATRISTS ACT (P93)

- Defines the practice of podiatry and provides for the regulation of the profession.

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)

- Governs the operation and administration of the provincial drug benefit program.

THE PRIVATE HOSPITALS ACT (P130)

- Governs the licensing and operation of private hospitals.
- There are no private hospitals currently operating in Manitoba.

THE PROTECTION FOR PERSONS IN CARE ACT (P144)

- Requires the mandatory reporting of abuse or potential abuse of patients in hospitals or residents in personal care homes except those who are children or who are vulnerable persons in which case different legislation applies.
- Allows for the investigation of such reports, the giving of ministerial directions for actions to protect patients, or residents, and for the prosecution of offences.
- Provides protection from employment action and from interruption of service for persons who make a report in good faith under the Act.

THE PSYCHOLOGISTS REGISTRATION ACT (P190)

- Authorizes the Psychological Association of Manitoba to regulate psychologists.

*THE PUBLIC HEALTH ACT**(P210)*

- Provides the powers and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

**(Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation (M.R. 78/2004) under *The Public Health Act*, which is assigned to the Minister of Tourism, Culture, Heritage, Sport and Consumer Protection)

THE REGIONAL HEALTH AUTHORITIES ACT (R34)

- Governs the administration and operation of regional health authorities.

THE REGISTERED DIETITIANS ACT (R39)

- Authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians.

THE REGISTERED NURSES ACT (R40)

- Authorizes the College of Registered Nurses of Manitoba to regulate registered nurses.

THE REGISTERED PSYCHIATRIC NURSES ACT (R45)

- Authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses.

THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)

- Authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists.

THE REGULATED HEALTH PROFESSIONS ACT (R117)

- Currently, there are 21 statutes dealing with different health professions. The RHPA will replace these statutes and bring all regulated health professions under one umbrella act.

THE SANATORIUM BOARD OF MANITOBA ACT (S12)

- Creates The Sanatorium Board of Manitoba for the purpose of enhancing the care and treatment of persons with respiratory disorders and to engage in or promote prevention and research respecting respiratory diseases. The Board may also establish treatment facilities with the approval of the Minister of Health.

THE TESTING OF BODILY FLUIDS AND DISCLOSURE ACT (T55)

- This Act enables specified persons as listed below, who have come into contact with a bodily fluid of another person to get a court order requiring the other person to provide a sample of the fluid. The sample will be tested to determine if that person is infected with certain communicable diseases. Victims of crime, good Samaritans, firefighters, emergency medical response technicians and peace officers may apply for an order as well as any other person involved in an activity or circumstance prescribed by regulation.

THE TOBACCO DAMAGES AND HEALTH CARE COSTS RECOVERY ACT (T70)

- Allows the province to take legal action against tobacco manufacturers to recover the cost of health care benefits paid in respect of tobacco-related diseases.

THE UNIVERSAL NEWBORN HEARING SCREENING ACT (U38)

(Comes into force September 1, 2016)

- This Act will ensure that parents or guardians of a newborn infant are offered the opportunity to have the infant screened for hearing loss.

MINISTER OF HEALTHY LIVING AND SENIORS

THE ADDICTIONS FOUNDATION ACT (A60)

- Creates the Addictions Foundation of Manitoba and provides for the Foundation to provide necessary services for problems relating to the use or abuse of alcohol and other drugs and substances.

THE CAREGIVER RECOGNITION ACT (C 24)

The purposes of this Act are:

- to increase recognition and awareness of caregivers;
- to acknowledge the valuable contribution they make to society; and
- to help guide the development of a framework for caregiver recognition and caregiver supports.

THE MANITOBA COUNCIL ON AGING ACT (c233)

- The council provides advice to government on matters relating to the aging process and the needs of seniors. It also promotes public understanding about the aging process.

THE NON-SMOKERS HEALTH PROTECTION ACT (N92)

- Prohibits the sale of tobacco products to children under the age of 18.
- Prohibits smoking in enclosed public places and prohibits smoking in indoor workplaces where the province has clear jurisdiction subject to certain exceptions.
- Restricts the advertising and display of tobacco and tobacco retailed products.

THE OCCUPIERS' LIABILITY ACT (O8) [Section 9.1]

- Allows the Minister to designate by regulation non-profit organizations that may mark land as a recreational trail.

THE YOUTH DRUG STABILIZATION (SUPPORT FOR PARENTS) ACT (Y50)

- Assists parents to deal with a child who has a serious drug problem. They can apply to have the young person taken to a safe and secure facility for up to seven days, where his or her condition will be assessed and stabilized, and a plan for treating the drug abuse will be developed.

APPENDIX II

LEGISLATIVE AMENDMENTS IN 2013 - 2014

A number of health statutes and regulations were amended, enacted or proclaimed in 2013/2014:

THE PERSONAL HEALTH INFORMATION AMENDMENT ACT

- To establish that it is an offence for a person to gain unauthorized access to another person's personal health information or to falsify another person's personal health information.

THE COMPETITIVE DRUG PRICING ACT (Various Acts Amended)

- To provide clear authority to remove a drug from the "interchangeability formulary", the listing of generic drugs and their prices under *The Pharmaceutical* Act. Similar amendments were also made to the drug-listing provisions of *The Prescription Drugs Cost Assistance Act.* In removing a drug from either of these listings, the government must provide notice in accordance with any agreement it may have with a drug manufacturer or distributor relating to the price or supply of the drug. If a drug covered by an agreement entered into before March 31, 2014, is removed from a list, the agreement may be terminated on 30 days' notice.

THE REGULATED HEALTH PROFESSIONS ACT

- The portions of the Act establishing the Heath Professions Advisory Council and enabling an unregulated health profession to apply to the Minister to be regulated under the Act were previously proclaimed into force in 2011. The remainder of *The Regulated Health Professions Act* was proclaimed into force effective January 1, 2014 with the exception of provisions that relate specifically to the medical profession, dentists, denturists and other professions will be proclaimed into force at a later date - when regulations specific to those professions are developed for enactment. The College of Audiologists and Speech-Language Pathologists of Manitoba was the first College to be established under the Act.

THE OPTOMETRY AMENDMENT ACT

- Was proclaimed into force effective July 15, 2013. The Act amended The Optometry Act to expand the scope of practice of optometrists, allowing certain classes of optometrists to independently prescribe and administer therapeutic drugs designated by regulation; to remove superficial foreign bodies from the human eye; and to order and receive reports of screening and diagnostic tests designated by regulation.

- To assist in the definition of practice parameters for the expanded scope of practice, the amendments also require the Manitoba Association of Optometrists (MAO) to establish, in accordance with regulations, a multi-disciplinary advisory committee to assist the MAO council in defining practice parameters.

THE PHARMACEUTICAL ACT

The new *Pharmaceutical Act* was proclaimed into force effective January 1, 2014. The new Act:

- Continues the Manitoba Pharmaceutical Association as the College of Pharmacists of Manitoba;
- Updates the complaint and discipline processes for members of the College;
- Enables pharmacists to:
    - (a) prescribe or administer drugs designated in the regulations;
    - (b) interpret patient-administered tests in accordance with the regulations;
    - (c) order and receive reports of screening and diagnostic tests designated in the regulations;
- Enables the College to establish education/training and continuing competency requirements for pharmacy technicians;

- Enables the College to continue to establish restrictions respecting the sale and dispensing of drugs;
- Enables the College to make pharmacist profiles publicly available on its website; and
- Requires the college to submit an annual report to the Minister of Health.

REGULATIONS:

EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT

- **The Land Emergency Medical Response System Regulation** was amended to:
    - (i) Repeal the reference to the provincial exam for paramedics as a route to renewal of licensure and enable the approval of the national exam for this purpose;
    - (ii) Require paramedics to participate in the Manitoba Continuing Competence Program for Paramedics and to provide an annual status report, respecting their participation in the Program during each of the 3 years of the term of a licence; and
    - (iii) Permit ambulances to carry defibrillators.

THE HEALTH SERVICES INSURANCE ACT

Amendments were made to:

- **The Hospital Services Insurance and Administration Regulation** to:
    - ➢ Adjust the amount of residential/authorized charges for individuals paneled for personal care home placement and chronic care patients in a hospital to account for cost of living increases for such individuals and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a paneled or chronic care patient, who has a spouse living in the community.
    - ➢ Reflect a four-year agreement reached by Manitoba Health, Healthy Living and Seniors and the Manitoba Dental Association in respect of the In-Hospital Dental Surgery Fee Schedule.

- **The Personal Care Services Insurance and Administration Regulation** to adjust the amount of residential/authorized charges for personal care home residents to account for cost of living increases for such individuals and their spouses who are living in the community. The financial threshold was also increased for the waiver of payment of all or part of the authorized charge payable by a resident, who has a spouse living in the community.

- **The Residency and Registration Regulation** to:
    - ➢ Provide coverage under the Manitoba Health Services Insurance Plan to seasonal agricultural workers and their dependents.
    - ➢ Clarify that coverage of international students is provided for students with a study permit which is valid for six months or more.

THE MEDICAL ACT

- **The Transplants of Organs and Tissues Regulation** was repealed effective January 1, 2014. The new Regulated Health Professions General Regulation under *The Regulated Health Professions Act* now regulates the removal of tissues and organs for transplant purposes.

THE MENTAL HEALTH ACT

- **The Charges Payable by Long Term Care Patients Regulation** was amended to maintain consistency with the changes to the Personal Care Services Insurance and Administration Regulation and the Hospital Services Insurance and Administration Regulation under *The Health Services Insurance Act* in respect of residential/authorized charges.

THE OPTOMETRY ACT

- **The Optometry Regulation** was amended to:
    - (i) Specify the drugs that optometrists may prescribe or administer and establish two classes of optometric licence for this purpose and the requirements to qualify for each class;
    - (ii) Authorize optometrists to order orbital x-rays, which enable them to identify the existence and location of foreign bodies to be removed in a patient's eye;
    - (iii) Authorize optometrists to order laboratory tests relevant to the practice of optometry ;
    - (iv) Enable and set out the requirements for registration of optometry students; and
    - (v) Set out the composition of the multi-disciplinary Regulatory Advisory Committee.

THE PHARMACEUTICAL ACT

- Repealed and replaced the **Manitoba Drug Interchangeability Formulary Regulation** as required to update the Formulary.
- A new **Pharmaceutical Regulation** was enacted to:
  - (i) Set out the registration and licensing requirements for pharmacists, including establishing a new class of pharmacist, an extended practice pharmacist;
  - (ii) Set out licensing requirements for pharmacies;
  - (iii) Set out the drugs which pharmacists may prescribe and administer, including immunizations;
  - (iv) Set out screening and diagnostic tests pharmacists are authorized to order;
  - (v) Establish standards of practice;
  - (vi) Set out the information that is required to be included by the College in publicly available pharmacist profiles;
  - (vii) Establish restrictions respecting the dispensing and sale of drugs;
  - (viii) Establish the education, training and continuing competency requirements for pharmacy technicians; and
  - (ix) Set out the activities that pharmacists may delegate to pharmacy technicians, students, interns and others persons.

THE PRESCRIPTION DRUGS COSTS ASSISTANCE ACT

- **The Prescription Drug Payment of Benefits Regulation** was amended to increase the income-based deductibles that beneficiaries must pay before Pharmacare will cover the costs of drugs.

- The Specified Drugs Regulation was amended to update the Schedule of drugs.

THE PUBLIC HEALTH ACT

- **The Food and Food Handling Establishments Regulation** was amended to allow the flexibility for Public Health Inspectors to permit the operator of a food handling establishment to hold certain foods at room temperature under specific conditions.

THE REGIONAL HEALTH AUTHORITIES ACT

- The new **Bilingual and Francophone Facilities and Programs Designation Regulation** was made to designate bilingual and francophone facilities and programs, require that each comply with the Manitoba French Language Services Policy and that they post a notice of the designation in accordance with guidelines approved by the Minister.
- The French Language Services Regulation was amended to:
  - (i) Update the names of the Regional Health Authorities required to comply with the regulation to reflect the names of the amalgamated Regional Health Authorities;
  - (ii) Require each RHA to list in their French Language Services Plan the bilingual and francophone facilities and programs operated/delivered by the RHA;
  - (iii) Require each RHA, in developing and updating their French Language Services Plan, to consult with the francophone and bilingual facilities and programs in their health regions, which are designated in the new Ministerial Bilingual and Francophone Facilities and Programs Designation Regulation; and
  - (iv) Require each RHA to post notice of their francophone and bilingual facilities and programs in accordance with guidelines approved by the Minister.

- **The Boards of Directors Regulation** was amended to change the deadline for nominations for appointment as a director for a Regional Health Authority from January 31st of each year to December 15th of each year.

THE REGISTERED NURSES ACT

- **The Registered Nurses Regulation and the Extended Practice Regulation** were amended to enable the College to establish a graduate nurse practitioner register.

- **The Registered Nurses Regulation** was amended to update the standards for Registered Nursing education.

THE REGULATED HEALTH PROFESSIONS ACT

- **The Transition Period Regulation** was amended to:
  - (i) Allow regulated health care professionals and non-regulated health care providers to perform "reserved acts" that are delegated to them by regulated health care professionals who are not yet transitioned to regulation under the Act.
  - (ii) Clarify that provisions under the Act that allow health care corporations to provide services will not apply to pharmacies, as the more restrictive requirements for being licensed as a pharmacy under *The Pharmaceutical Act* will continue to apply to ensure public safety in the dispensing of drugs is maintained.

- **The Regulated Health Professions General Regulation** was enacted to:
  - (i) define the term "drug" for the purposes of the Act;
  - (ii) provide that certain non-regulated professions such as medical radiation technologists will continue to be able to perform reserved acts that they are appropriately trained to do when in an appropriate health care setting;
  - (iii) provide for persons, who practice a regulated profession but who are exempted from registration and licensure requirements, to continue to perform reserved acts they have historically performed;
  - (iv) exempt certain activities such as acupuncture from the restrictions on the performance of reserved acts;
  - (v) provide that corporations currently carrying on the practice of a health care profession regulated under the Act through members of the profession may continue this work.

- **The Practice of Audiology and Practice of Speech-Language Pathology Regulation** was enacted to bring the professions of audiology and speech-language pathology under the Act. The Regulation specifies the reserved acts that can be performed by audiologists and speech-language pathologists and also provides for the transition of the professions to the new legislation.

- **The College of Audiology and Speech-Language Pathology of Manitoba General Regulation** was enacted to among other things:
  - (i) Provide for the registration of members of the College;
  - (ii) Specify which classes of members can perform specified reserved acts and the limits and conditions on the performance of those reserved acts;
  - (iii) Regulate the use of titles of the professions of audiology and speech-language pathology; and
  - (iv) Set out continuing competency requirements for members.

- **The Regulated Health Professions (Ministerial) Regulation** to:
  - (i) Allow the term "registered" to be used by non-regulated health care practitioners who are members of certain organizations. These practitioners would otherwise be prohibited from using the term "registered" as part of a title describing his or her work.
  - (ii) Allow for the use of the term "college" by colleges that will not be regulated under the Act, such as the Canadian College of Medical Geneticists or the Royal College of Physicians and Surgeons of Canada.
  - (iii) Provide for the form and contents of the oath of office taken by council members of a college.
  - (iv) Provide for the information that must be included on a college's website, including the college's duties and mandate, the scope of practice of the regulated profession, the list of reserved acts that can be performed by the profession and contact information.

Appendix III – Performance Reporting

The following section provides information on key performance measures for the department for the 2013-14 reporting year. Performance indicators in departmental Annual Reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities, and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit www.manitoba.ca/performance
Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2013/14 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Manitobans' access to cardiac surgery through the measurement of median wait times for cardiac bypass surgery by level of urgency.	Timely access to surgical services is important.	As of April 2007, the median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 5 days Level 2 (Semi-urgent): 11 days Level 3 (Elective): 31 days Overall, 97% of patients received their surgery within the benchmark.	In April 2014, the median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 4 days Level 2 (Semi-Urgent): 6 days Level 3 (Elective): 20 days Overall, 100% of patients received their surgery within the benchmark.	A high percentage of patients continue to receive their cardiac bypass surgery within the national benchmark.	Wait times are calculated based on patients who received surgery during the reporting period. The National Benchmarks for bypass surgery are as follows: 0-14 days for Level 1 (Emergent and Urgent); 15-42 days for Level 2 (Semi-urgent); and 43-180 days for Level 3 (Elective). *Source:* Manitoba Wait Time Information web page: http://www.gov.mb.ca/health/waittime/index.html?/index.html
Manitobans' access to radiation therapy for cancer through the measurement of median wait times for patients to commence radiation therapy treatment.	Timely access to treatment services is important.	The median wait time in April 2007 was 1 week for all cancer types. 93% of patients commenced their radiation therapy within four weeks (provincial guarantee).	In April 2014, the median wait time for all cancer types was 1 week. 100% of patients commenced their radiation therapy within four weeks (provincial guarantee).	The median wait time continues to be well within the National Benchmark for radiation therapy and a high percentage of patients continue to commence their treatment within the provincial guarantee.	The National Benchmark and provincial guarantee for radiation therapy is 4 weeks. *Source:* Manitoba Wait Time Information web page: http://www.gov.mb.ca/health/waittime/index.html?/index.html

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2013/14 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Death rate for heart attack as measured by the age-standardized mortality rate for acute myocardial infarction (AMI).	Cardiovascular disease, which includes heart attack (AMIs) and stroke, is a leading cause of death.	1979 rate: 140 deaths per 100,000 population 2009 rate: 29.3 deaths per 100,000 population	In 2012, the age-standardized mortality rate for heart attack (AMI) in Manitoba was 25.7 deaths per 100,000 population	The AMI mortality rate has declined dramatically in Manitoba and Canada, from approximately 140 deaths per 100,000 in 1979 to 25.7 per 100,000 in 2012.	Rates have declined largely due to improved drugs and medical care for heart attack patients, reduced smoking rates and improved control of hypertension. *Source*: Manitoba Health, Healthy Living and Seniors; Vital Statistics data.
Diabetes prevalence rate as measured by the age- and sex-adjusted proportion of residents, one year and older, living with diabetes.	Prevalence and mortality rates may reflect on the performance of the system with respect to management of diabetes.	1988/89 age- and sex-adjusted prevalence: 3.0% Age- and sex-adjusted prevalence per 100 Manitoba residents: 2002/2003 – 5.0 2003/2004 – 5.2 2004/2005 – 5.4 2005/2006 – 5.6 2006/2007 – 5.8 2007/2008 – 5.9 2008/2009 – 6.0 2009/2010 – 6.2 2010/2011 – 6.3 2011/2012 – 6.5 Source: Manitoba Health administrative data.	Age- and sex-adjusted prevalence per 100 Manitoba residents: 2012/2013 – 6.5 Source: Manitoba Health, Healthy Living and Seniors administrative data *Notes: - Diabetes prevalence rates were calculated using the Canadian Chronic Disease Surveillance System (CCDSS) definition, and were age- and sex-adjusted to the 1991 Canadian population.	An increase in prevalence is observed in almost all RHAs, Districts and Winnipeg sub-areas. Prevalence is particularly high in the North, and may be associated with both lower income and a higher proportion of Aboriginal peoples living in that region (MCHP RHA Atlas, 2013).	Better diagnosis and reporting may have resulted in increased incidence. Better education and care may have resulted in the observed increased prevalence.

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2013/14 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Telehealth: # Communities and end points (The higher number of end points indicate that some communities have more than one location equipped.) Utilization by category Utilization rates	Shows the Province's ability to address access to care and education over geographically dispersed communities.	2007/08 Clinical: 4,876 Education: 1,230 Administration: 738 Tele-visit: 33 Other: 248 2004/05 4,369 Events	2013/14 Clinical: 16,085 Education: 2,568 Administration: 1,859 Tele-visit: 70 Other: 8 2013/14 total utilization 20,590 2013/14 total number of sites 143 sites and 278 endpoints	MBT predicts **10** sites to be added in the next fiscal year. **Average Annual Growth from 2007/08 to 2013/14 Fiscal years):** Clinical: 22% Education: 13% Administration: 17% Tele-visit: 21% Other: -34% 189% growth in # of events from 2007/08 (7,125) to 2013/14 (20,590)	MBTelehealth Fiscal Utilization Reports from 2003/04 to 2013/14

APPENDIX IV

The Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counselling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed, is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by Manitoba Health, Healthy Living and Seniors for fiscal year 2012-2013:

Information Required Annually (per Section 18 of The Act)	**Fiscal Year 2013-2014**
The number of disclosures received, and the number acted on and not acted on. *Subsection 18(2)(a)*	No disclosures were received.
The number of investigations commenced as a result of a disclosure. *Subsection 18(2)(b)*	No investigations commenced in 2013/14. There were no findings of wrongdoing under the Act.
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18(2)(c)*	No investigations commenced in 2013-2014. There were no findings of wrongdoing under the Act.

APPENDIX V

SUSTAINABLE DEVELOPMENT

The Sustainable Development Act (The Act) was proclaimed in July 1998. The overall goal of sustainable development is meeting the needs of the present without compromising the ability of future generations to meet their own needs.

Principles and guidelines of sustainable development have been established to guide all departments in the Province of Manitoba in their efforts to attain this goal. For an activity to be sustainable, it must be in compliance with all applicable principles and guidelines of sustainable development as determined by The Act.

In pursuit of the above, and to report on the department's efforts toward sustainable development as defined under The Act, this Annual Report provides examples of the ongoing progress and accomplishments of Manitoba Health, Healthy Living and Seniors in incorporating the principles and guidelines of sustainable development. The chosen examples are not all-inclusive, and more detail related to the department's sustainable development activities can be further examined within each appropriation of the Annual Report.

PRINCIPLES AND GUIDELINES (SECTIONS 1–13)

1. INTEGRATION OF ENVIRONMENTAL AND ECONOMIC DECISIONS

The department is dedicated to taking actions that foster the principles of integrating the environment and economics into the decision-making process, specifically in the areas of human health and social consequences.

HIGHLIGHTS:

Insured Benefits: provides funding of core health services that are continually changing to increase efficiencies, effectiveness and appropriate health care delivery to Manitobans in an economical and sustainable manner. Examples of core health services include funding of hospital services, air ambulance transfers, out-of-province transport services, and links to special programs covering eyeglasses, breast prostheses, hearing aids, orthopaedic shoes, contact lenses, telecommunications equipment for the profoundly deaf or speech impaired, and transportation subsidies.

Regional Policy and Programs: continues to monitor and measure the benefits of services to the public and reports on these activities to the Minister to facilitate decision-making and to ensure that long- term strategies and actions are effective. This division provides direction in northern, rural and urban areas of the province, as well as reporting on specific areas of service, such as patient safety, cardiac services, cancer care, palliative care, home care, long-term care and dialysis.

Provincial Nursing Stations: oversees cost-effective and quality health care to various northern communities through the management of community nursing stations.

Public Health and Primary Health Care: supports executive management in planning and providing guidance to regional health authorities (RHAs) in implementing cost-effective primary health care initiatives to improve the health of Manitobans and access to services.

Selkirk Mental Health Centre: delivers compassionate, respectful and cost-effective inpatient treatment and rehabilitation services to all residents of Manitoba whose mental health needs cannot be met elsewhere in the health system.

2. STEWARDSHIP

The department is dedicated to implementing policies that facilitate decisions to all of the above elements of a sustainable stewardship. Stewardship is enacted by the Minister of Health and the Minister of Healthy Living and Seniors who together administer over 50 Acts. Each Act delegates its authority through regulations, policy development and indirectly through managerial direction to ensure that stewardship of our health system is upheld within standards outlined within the *Canada Health Act*, as well as provincial standards to ensure that the health of Manitobans is optimized. A sample of these acts is listed below. For more detail and information on all the acts that facilitate stewardship, please see the section "Summary of Statutes Responsibility."

HIGHLIGHTS:

The Regional Health Authorities Act: governs the administration and operation of RHAs.

The Personal Health Information Act: protects personal health information in the health system in Manitoba.

The Public Health Act: provides the power and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

The Health Services Insurance Act: governs the administration of the Manitoba Health Services Insurance Plan as it relates to the cost of hospital services, medical services, personal care services and other health services.

The Prescription Drugs Cost Assistance Act: governs the operation and administration of the provincial drug benefit program.

The Caregiver Recognition Act: governs the recognition and development framework for caregivers in Manitoba.

The Non-Smokers Health Protection Act: governs the protection of non-smokers' health.

3. SHARED RESPONSIBILITY AND UNDERSTANDING

The department continually collaborates with health authorities, inter-sectoral organizations, the federal government and stakeholders to better understand the views of others and to facilitate equitable management of our health system. To facilitate shared responsibility and understanding, the department directs its resources through specific units/branches that accommodate these activities in the health system.

HIGHLIGHTS:

Aboriginal and Northern Health Office: supports and promotes the cultural diversity among the First Nations, Métis and Inuit populations in Manitoba. The Aboriginal and Northern Health Office works collaboratively with the federal government, other branches within the department, other provincial departments, RHAs and Aboriginal political/ territorial organizations. This Branch is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, strategies, initiatives and services for the Aboriginal community.

Regional Policy and Programs: participates on RHA committees and maintains communication with all RHAs to ensure the department has an ongoing understanding of the issues and concerns throughout Manitoba.

Health Workforce Secretariat: works in partnership with RHAs, regulatory and professional bodies, the education sector and other stakeholders to support the linkage between health human resource planning and departmental policy. Activities undertaken include the planning, developing, implementing and monitoring of health human resource supply and strategies to address the demands in health service delivery.

Management Services: leads coordination of the department's work with health authorities on governance, health planning, risk management, performance management, and other accountability mechanisms.

4. PREVENTION

Prevention is at the forefront of Manitoba Health, Healthy Living and Seniors. The department has a vested interest in ensuring that Manitobans are healthy and that controls and measures are in place to prevent health-related threats from impacting the general population. Ultimately, legislation is drafted, created or refined to ensure that prevention measures are in place to make the most positive impact to optimize the health and social well-being of Manitobans.

HIGHLIGHTS:

Healthy Living and Seniors: influences the conditions, both within and outside the health sector, that support healthy living and well-being through the development of a strong active living, health promotion and disease, illness and injury prevention agenda across all ages.

Cadham Provincial Laboratory: provides increased detection of various diseases that assist decision making in the decrease of the transmission of disease in Manitoba. This includes enhanced surveillance of infectious diseases to aid in outbreak identification and prevention. Also, state-of-the-art diagnostic testing for bacteria that are antibiotic resistant, toxin producing or cause food poisoning is done to improve infection control in hospitals, personal care homes and the community.

Public Health: provides health surveillance, analysis of public health threats and provides outbreak surveillance and epidemiological expertise related to norovirus, influenza and mumps. This includes the provision of provincial surveillance data for the National Diabetes Surveillance System to support evidence-based diabetes management. Also, the Branch integrates education into the continuum of diabetes prevention, care, research and support. The Public Health Branch also manages the Manitoba Immunization Monitoring System for more complete data capture, improved data quality and feedback to stakeholders. The Chief Provincial Public Health Officer ensures that preparedness plans for public health emergencies are in place and response plans, such as for West Nile Virus, Pandemic Influenza and Avian Influenza, are reviewed and updated. News releases are provided to the public in regard to public health warnings and prevention measures to be taken to lessen the risk of these threats.

Office of Disaster Management: continues to work with RHAs in implementing their disaster management programs. Incident management systems are in place to respond to a variety of emergencies and disasters throughout the province. The Emergency Response Management System has been developed to respond to large-scale health sector emergencies such as pandemic influenza.

Corporate Services: manages and maintains the provincial policy framework. Examples of provincial policy direction related to prevention include: integrated risk management; monitoring of Personal Care Homes; internal disclosure of staff concerns; reporting of critical incidents; RHAs guide to health services; and reporting significant changes to the Office of the Chief Medical Examiner.

5. CONSERVATION AND ENHANCEMENT

The department is dedicated to making decisions that foster protection and enhancement of the ecosystem and the process that supports all life and actions and decisions which foster conservation and enhancement of resources.

HIGHLIGHTS:

Capital Planning: continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs. This includes continued improvements, such as Leadership in Energy and Environmental Design (LEED) certification for new construction and renovation projects.

Public Health: responds to chemical, microbiological and social public health issues. The Branch monitors and participates in a coordinated response to environmental health issues to Manitobans with a mandate for environmental health risk assessment, food protection, tobacco reduction and dental/oral health.

6. REHABILITATION AND RECLAMATION

The department is committed to rehabilitation and reclamation of areas and resources that have been damaged as they represent themselves.

HIGHLIGHT:

Capital Planning: oversees infrastructure projects that support investment in state-of-the-art medical equipment, the development of new projects and rehabilitation of aging community facilities.

7. GLOBAL RESPONSIBILITY

The department continues to take actions that foster a global approach to decision making with the goal of identifying and preventing the occurrence of possible adverse effects.

HIGHLIGHTS:

Federal/Provincial Policy Support: conducts negotiations on cooperative initiatives with pan-Canadian institutions and policy approaches, as well as advises leadership in the planning processes for the development of strategic priorities and directions for the health system.

Public Health: participates in the development and implementation of policies on environmental issues related to drinking and recreational water and air quality. For example, this office assesses health risk and provides information on various health concerns, such as asbestos in vermiculite insulation.

8. EFFICIENT USE OF RESOURCES

Manitoba's health system accounts for more than 40% of the provincial budget and as public expectations on health care services keep rising, costs continue to rise and the sustainability of our publicly-funded system is strained. The department strives for the efficient use of resources and maximizing the use of public funds. This includes all aspects of sustainability to encourage and facilitate the development, application and use of systems for proper resource pricing, demand management and resource allocation, together with incentives to encourage the efficient use of resources, and employ full-cost accounting to provide better information for decision makers.

HIGHLIGHTS:

Health Workforce Secretariat: operates an efficient and effective information network to support decision making; coordinates ongoing meetings with the health authorities and the department's Regional and Capital Finance branch; and provides site orientation visits with participating health authorities.

Provincial Drug Programs: continues to look at efficiencies of the drug review process to reduce costs and/or provide timely access to new medications. This includes specific recommendations from the Drug Management Policy Unit.

Funding to Health Authorities: directs expenditures in an efficient and expedient manner. These funds are allocated to provincial-wide appropriations (as per this Annual Report) and to health authorities in accordance with targets established through the estimates process, health planning process, and ministerial direction.

Provincial Health Services: throughout the department, various units are tasked, in some cases along with third parties, to provide services to the public, such as: out-of-province hospital services; blood transfusion services; federal hospitals; prosthetic and orthotic devices; healthy community's development; and the Nurses Recruitment and Retention Initiative.

Emergency Medical Services: provides provincial leadership in the surveillance of the air and land ambulance transport system to ensure that patient care standards are in place, safe transportation of acutely ill patients by the Lifeflight Air Ambulance Program occurs, and evaluations of licensed emergency medical services, including vehicle, equipment and processes, are conducted.

9. PUBLIC PARTICIPATION

The department strives to support and take actions that establish or change departmental legislation, procedures or processes that foster public participation in decision making, planning and program delivery. This ensures that processes are fair, appropriate appeal mechanisms are in place and that processes and procedures foster consensus decision-making approaches.

HIGHLIGHTS:

Legislative Unit: communicates and reviews feedback from stakeholders, including consultations with the public, in regard to many of the proposed amendments to the ministerial Acts. Examples are *The Personal Health Information Act* Review Steering Committee, *The Public Interest Disclosure (Whistleblower Protection) Act*, and *The Non-Smokers Health Protection Amendment Act (Prohibitions on Flavoured Tobacco and Other Amendments)* amends *The Non-Smokers Health Protection Act*.

Mental Health Review Board: hears appeals regarding specified aspects of the admission or treatment of a patient in a psychiatric facility.

Manitoba Health Appeal Board: receives appeals related to *The Health Services Insurance Act*, *The Ambulance Services Act*, *The Mental Health Act* and the Hepatitis C Assistance Program. It also serves in an advisory role to the Minister by maintaining links between the minister, the health care community and the community at large.

The Protection for Persons in Care Office: serves as a resource for those working in health facilities, as well as anyone in the general public, who have a duty to report suspected abuse or the likelihood of abuse to the Protection for Persons in Care Office.

Aboriginal and Northern Health Office: ensures that dialogue continues between the public and Aboriginal organizations, First Nations organizations, the Province of Manitoba and the First Nations and Inuit Health Branch – Health Canada, to ensure that decisions are made that benefit northern and/or remote communities in Manitoba and those people of Aboriginal descent.

French Language Services: provides availability and accessibility to service and material in French for the French-speaking population of Manitoba.

10. ACCESS TO INFORMATION

The department strives to take actions to improve and update data and information bases and the establishment or changes made to procedure, policy or legislation which makes departmental and provincial information more accessible to the public.

HIGHLIGHTS:

Legislative Unit: continues to provide information and formal presentations on *The Personal Health Information Act* to health information trustees throughout the province to assist them in upholding Manitobans' rights to access and privacy, as well as to the public, to assist them in understanding their rights and appeal processes.

Administration and Finance: prepares financial reports and documents such as Supplementary Information for Legislative Review, Quarterly Financial reports, and the Annual Report in accordance with legislative, Treasury Board and senior management requirements.

Information Systems: continues development and maintenance of databases to support internal and third-party information requirements, as well as development of an eHealth infrastructure.

Health Information Management: provides data sources for the department, the Ministers, RHAs and the public which is accessible internally or on the department's website. This includes managing the department's relationship with the Manitoba Centre for Health Policy and the Canadian Institute for Health Information and includes related data provisions to those organizations.

11. INTEGRATED DECISION MAKING AND PLANNING

The department takes necessary measures to establish and amend decision-making and planning processes to make them more efficient, timely and to address and account for inter-generational effects.

HIGHLIGHTS:

- Health System Sustainability is one of six priorities identified for health system planning for the department and broader health system.

Information Systems: works collaboratively with outside agencies to successfully secure funding and manage information systems. This includes integration of decision and planning with multiple organizations to standardize data definitions with vendors and to support health system programs.

12. WASTE MINIMIZATION AND SUBSTITUTION

The department is committed to taking actions that promote the use of substitutes for scarce resources and to reduce, reuse, recycle or recover.

HIGHLIGHTS:

- Ongoing Blue-bin recycling program departmental sites. Bins have been installed in boardrooms, meeting rooms and all lunchrooms for empty beverage and food containers.
- Staff members are continually encouraged to save waste papers for recycling. Paper recycling boxes are provided in all offices and are recycled on a regular basis.
- Continued focus on purchasing products manufactured with recycled materials.
- Duplex capabilities have been added to all network printers to provide double-sided print capabilities to reduce paper consumption.
- Continue to develop electronic systems to minimize paper copies.

13. RESEARCH AND INNOVATION

The department is active in establishing programs and actions which encourage and assist in the research, development, application and sharing of knowledge and technologies which further sustainability.

HIGHLIGHTS:

Health Information Management: utilization of a digital dashboard within the department and updated monthly to provide the Ministers and senior management with up-to-date information on key areas such as wait times. Also, the Health Information Gateway, an internal intranet site, was expanded to facilitate department staff access to health publications and data.

Manitoba Centre for Health Policy: continues to provide funding for policy evaluation and research initiatives.

Public Health: continues educational sessions in a variety of settings related to life threatening infections and diseases.

Aboriginal and Northern Health Office: works in collaboration with Aboriginal people who have an interest in entering the health care workforce.

PROCUREMENT GOALS (SECTIONS 14-18)

14. EDUCATION, TRAINING AND AWARENESS

To meet the intent of this goal, the department enacts changes to develop a culture that supports sustainable procurement practices.

HIGHLIGHTS:

- All areas are encouraged to include sustainable development topics in their monthly/quarterly divisional meetings.
- An internal website for sustainable development communication within the department has been developed and is continually updated.
- Government-wide directives on sustainable development initiatives, such as recycling papers and toner cartridges, are continually enforced.
- Staff are involved in the procurement of stationary products and are continually encouraged to select "Green" products whenever possible.

15. POLLUTION PREVENTION AND HUMAN HEALTH PROTECTION

To meet the intent of this goal, the department has established actions to protect the health and environment of Manitobans from possible adverse effects of their operations and activities, as well as providing a safe and healthy working environment for staff.

HIGHLIGHTS:

- Smoking by staff in government buildings and vehicles is prohibited.
- Air quality in work places is continually monitored.

16. REDUCTION OF FOSSIL FUEL EMISSIONS

To meet the intent of this goal, the department needs to reduce fossil fuel emission of its operations and activities.

HIGHLIGHTS:

- Encourage staff to participate in the “Commuter Challenge” initiative aimed at promoting alternate means to commute to work and help reduce gas emissions through cycling, walking, rollerblading, taking the bus or carpooling. Promotion efforts are targeted to department staff on ways individuals can contribute to the efforts against climate change.

17. RESOURCE CONSERVATION

To meet the intent of this goal, the department needs to reduce consumption of resources in a sustainable and environmentally-friendly manner.

HIGHLIGHTS:

Capital Planning: work with Manitoba Hydro to ensure that facility construction projects meet standards for energy efficiency and are Power Smart. The main objective is to achieve Power Smart and LEED designation to communities and health centres.

18. COMMUNITY ECONOMIC DEVELOPMENT

To meet the intent of this goal, the department would need to ensure that procurement practices foster and sustain community economic development.